V. S. No. 1

state

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1. PI

item of infor-

S	TATE C	F MARYLAND-	-CERTIFICATE	OF DEATH	0668	7
ACE OF DEA	тн		(33)		0 0 1, 0	
ounty Anne	Arunde	1		Registration Dist. No.	21	
		ille State Hosp	t & No.  If death occurred in a hospital or institu  s ds. How long in U.S. if o			Ward ber)
ength of residence in ci			sds. How long in U.S. It o	r toreign birin!yrs	mos	ds.
ULL NAME	Anni	e Addison				
a) Residence: No	Pr. n	ce George's Cour (Usual place of abode)	ıtyst., Ward.	If nonresident give city	or town and Stat	e
PERSONAL AN	D STATIST	ICAL PARTICULARS	MEDICAL C	ERTIFICATE OF D	EATH	
18   4. COLO	R OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	9+h		.7

		lnnie .	addis	on	ds. How long in U.S. if of foreign birth?yrsm	10sds.
(a	) Residence: No.	r nce	Ge Or	ge 's Coun	tySt., Ward.  If nonresident give city or town and	d State
PI	ERSONAL AND ST	ATISTICA	L PART	TICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Iem	ale 4. color or R	ACE 5. S	OR DIVORC	RRIED, WIDOWED, ED (write the word) Tied	21. DATE OF DEATH June 9th (Month) (Day)	, 193 ] (Year)
HUSE	ried, widowed, or divorced BAND of WIFE of	ıknown			22.   HEREBY CERTIFY. That lattended April 10th 19 31 to June 9t}	daceased from
6. DATE O	OF BIRTH (month, day, and ye	ar)	L889	unlenous	last saw her aliva on June 9th 1931	e ; death is said
7. AGE	Years M	onths	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the data slated abova, at 4:15 Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. TI	rade, profession, or particular kind of work done, as SPIN SAWYER, BOOKKEEPER, etc.	NER, UI	ıknow	n	Pulmonary tuberculosis	2 mos
n co	dustry or business in which work was done, as SILK MII SAW MILL, BANK, etc	u, Ui	ıknow			
6 10. D	ate deceasad last worked at this occupation (month and year)		Sp	time (years) entin this cupation		
	IPLACE (city or town)	Unkno			Other Contributory Causes of importance: Exhaustion due to prolonged mental disease	9
œ 13. N	AME Robe	rt Mey	rers	(dead)	4400000	
14. BI	IRTHPLACE (city or town) (State or country)	Vir	gini	٤	Name of operation Date of Was there an	
E	IRTHPLACE (city er town) (State or country)	ėlia Unkno	own	nown)	23. If death was due to external causes (VIOL ENCE) fill in also the followin Accidant, suicide, or homicide? Data of Injury Where did Injury occur? (Specify city or town, county and Sta	, 19
(A	MANT Hospit ddrass) Crowns	ville,	Mar.	, lend	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PI	LACE.
Pla	L, CREMATION, OR REMOVAL	1000	-	/	Manner of injury  Natura of injury	
(A	RTAKER Lacled & Address) 34-71. See	chell. a	ennag	Possis und - Possis Tel Registrar.	24. Was disease or injury in any way related to occupation of deceased?  If so, specky  (Signed)  (Address)  Crownsville  Md	03 M.1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage Peritonitis Julu5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

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	Example I		Example II	
The principal cause of of importance were as	death and related causes follows:	Dete of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	I REREAU V. B	July 5,1927	Peritonitis	3 days ago
		35		
Other contributory can	uses of importance:		Other contributory causes of importance:	
Gollstones		May 1,1923	Gastrocnteritis	1 year
		1		

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	<b></b>
County arm arundal	Registration Dist. No.
Village or City armyldo Stallon	No. St. V
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	os. ds. How long in U. S. it of foreign birth?yrsmos
2. FULL NAME Show as Juffer	son anula
(a) Residence: No. Unvelop Hallo	St., Ward.
(Ushal place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male OR DIVORCED (write the word)	21. DATE OF DEATH JULY 10 -
- Tune / write	(Month) (Day) (Yes
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. WI I HEREBY CERTIFY. That I attended deceased
Carrie Criveds	May 10 1931 to mue 10 190
6. DATE OF BIRTH (month, day, and year) Christ 264 /807	I last saw h www alive on punk 10 193/ death
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10,20 Pm.
75 / 14   1 day, hrs	THE PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	Delal clive of Fear Dated
kind of work done, as SPINNER, Farmers	
9. Industry or Dusiness in which work was done, as SILK MILL.	
SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year) spent in this occupation	
Testan 1- 0	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Trumal Dorpay
13. NAME Mason Unold  14. BIRTHPLACE (city or town) Many Land	
14. BIRTHPLACE (city or town) Way Carry (State or country)	Name of operation Date of
	What test confirmed diagnosis?
15. MAIDEN NAME Mukewown	23. If deeth wes due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Musture	Accident, sulcide, or homicide?, 19.
State or country)	Where did Injury occur? (Spec(y city or town, county and State)
17. INFORMANT Maguine taboury	Specily whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (Ancolds La GGC 147)  18. BURIAL, CREMATION, OR REMOVAL	<u> </u>
Place Arwells M1. Date June 13 193	Manner of injury
A. A	Nature of Injury
19. UNDERTAKER John My Cay Cor	24. Was disease er injury In any wey releted to occupation of deceased?
(Address) ( During on and.	If so, specify
20. FILED THE 13, 1931 franch C. for a 200	(Signed) Murshall J. Mully
Registrar.	(Address) Word ma

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==1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Perilonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

-ISAH	Exact	/	/
on should be carefully supplied. ACE chould in stated EXACTLY, PHYSI-	CIANS should state CAUSE OF DEATH in plain terms so that it may be proposity classified, Exact	statement of OCCUPATION is very important. See instructions on back of certificate.	
mation should	e CAUSE CF D	PATION IS very	
Every Item of Infor	CIANS should stat	statement of OCCU	
7	1:		

PLA	CE	OF	DEATH	
County	An	ne	Arundel	

## 06690 STATE OF MARYLAND CERTIFICATE OF DEATH

uistuntion.	Disa	N-	27

Fort George G.		
Tillage or City Meade (No.	Station Hospital St: Ward)	(If death a hospital tion, give

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OSCAR L. BEALL. 2FULL NAME

occurred in or institu-its NAME is stead of street and number.)

	PERS	ONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	ATH	
3 S	ex ele	4 COLOR OR RACE	SINGLE, MARRIED, Married WIDOWED. OR DIVORCED (Write the word)	June 10, (Month) (Day		
	ATE OF E	BIRTH		17 I HEREBY CERTIFY, That I attended t		
		December (Month)	1 , 1 896 (Day) (Year)	May 30,1931192 to June 10 that I last saw h im alive on June 10,		
7 A	GE	34 yrs. 6	If LESS than I dayhrs. ormin.?	and that death occurred on the date stated above, The CAUSE OF DEATH * was as follows: Revolver wound of chest, homi		
1		on profession or kind of work	Farmer		** <u></u>	
b	usiness, or	I nature of industry r establishment in loyed or (employer)	neral Farm Work	(Duration) Q yrs Contributory Empyema, acute, bila		
9 8	(State or	Sandy Sprin	gs, Md.	Contributory Smpyema, actube, Dilla Secondary (Duration) 0 yrs		
	FATHE	George Matthe		(Signed) D. HOLMES Major, N	M.C., USA. M. D. G. Meade, Md.	
ENTS	11 BIRTH OF FA (State		nd	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
PARE	12 MAIDEN NAME OF MOTHER Mary Oldfield  13 BIRTHPLACE OF MOTHER (State or Country)  Pennsylvania			18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death		
14	THE ABOV	E IS TRUE TO THE BEST	OF MY KNOWLEDGE	if not at place of dea h?		
1	(Informa	ant) Mrs. Lucille	e Beall, (Widow)	Former or usual residence Odenton, Md.  19 PLACE OF BURIAL OR REMOVAL DA	TE OF BURIAL	
	(A	ddress) Odenton,	Nd,	Arlington Nat'l Cemetery, Va. J.	une 15, 19 3	
15		7430-Charles	MARCO'D.	20 UNDERTAKER ADDR		
	Filed Ju	ine 12 19231 /	BAILY Col . M. TIS	Lloyd Kaiser Lau	urel, Md.	

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) fulness of various pursuits can be known. The questo report specifically the occupations of persons en-Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from g ged in domestic service for wages, as Servan, Cook Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Salesman. Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the Disease CAUS:NG DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

answered in detail, it will prevent further correspondence. All the

permanently filed.

a carbolic acid—probably suicide. The n-ture of the injury, as fracture of skull, and consequences (e.g., sepsis, approved by Committee on Nomenclature of the (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) tetanus) may be stated under the head of "contributory." diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-If this certificate is looked over thoroughly and a'l qu stions Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic valvular heart disease; nephrilis, etc. The contributory

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in Ward) a hospital or institu-tion, give its NAME ir-stead of street and number.)

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH I HEREBY CERTIFY, That I attended the deceased from and that death occurred on the date stated above, at The CAUSE OF DEATH \* was as follows: (Duration) Contributory Secondary (Address) \*Ctate the l'isease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the yrs....... mos. ...... ds. Where was disease contracted, if not at place of dea.h?.... usual residence DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER

If more bianks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. Ko. 1.

(Approved by U. S. Census and American Public Health Association.)

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II this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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(Year)

Date of onset

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1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
188		
	Other contributory eauses of importance:	
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	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 66693
1. PLACE OF DEATH	<u></u>
County Caleo 11	Registration Dist. No. 20
Village or City Wandsmille Me	No. St., Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Fredrica Brown	the same of the sa
(a) Residence: No. Variable Month 1	Mard. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the world)	21. DATE OF DEATH 5. 4 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Branch	22 1 HEBEBY CERTIFY. That Intended deceased from 1931, to 65, 1931
6. DATE OF BIRTH (month, day, end year)	last sw h was alve on 6/5/31, 18 ; death is soid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
56 56 - 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trade, professinn, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	0 4 0 .
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	arundelious!
10. Date deceased last worked at this occupation (month and year).	
12. BIRTHPLACE (city or town) Such Sudice	Other Contributory Causes of importance:
13. NAME MUNICIPALITY	
13. NAME  14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy? . NO
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT BEW Barrier Mills	Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Davidsonville Date 6/2 ,1931	Nature of injury
19. UNDERTAKER JAN J. COMP.	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED June 6, 1931 In Suchter Tylehart Registrar.	(Signed) Letter Hally M. D. (Address) 3.5 Calvert Stillman or he
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	L Jul 8 1931	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephr	rilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUBEAU V.	July 5,1927	Peritonitis	3 days ago	
		2. j			
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gustroenteritis	1 year	

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

PLACE OF DEATH	16744 STATE OF MARYLAND
County V-	CERTIFICATE OF DEATH
	Registration Dist. No. 21
Village or City Amashi (No. 189 )	Ward)  (If deeth occurred in a hospital or institution, give its NAME instead of a street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH . 99 , 1925/ (Month) (Day) (Year)
Sept. 10, 1936  (Month) (Day) (Year)	17 1 HEREBY CERTIFY, That hat ended the deceased from  192 to 192 , 192 , that I last saw has alive on 199 , 192 ,
7 AGE  yrs	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Gastigasteritie: 5 days (what
10 NAME OF FATHER WILLIam's Strong	Contributory Secondary  (Durstion)  (Signed)  (Signed)  (Address)  (Address)
OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
OF MOTHER Agrille Strokes  13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents)  At plece In the of deathyrs
(Informant)	if not et place of deeth?  Former or usual residence
(Address) 189 Chastnut	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  ADDRESS  ADDRESS
Filedrum 30 1923/ France C. Frank.	20 UNDERTAKER 26 ADDRESS 26 CONTROL OF THE PROPERTY OF THE PRO
If more blanks are needed, address State Registres	, Town Daratoga Dt., Delto., Requesting v. D. 110. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., William, Laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a en at home, who are engaged in the dutics of the Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, worked on may form part of the second statement For many occupations a single word or term on without more precise specification as Day -Coal minc, etc. Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; Never report mere symptoms or terminal condi-. (name origin; "Cancer" is lcss definite; avoid Chronic etc. The contributory affection need valvular heart not disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE	OF DEAT	H		
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. Vi	llage or City	Luch	estore	2_ (No	
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3	W.	4 COLOR C	OR RACE	SINGLE, MARRIED, WIDOWED, OR DIVORCI (Write the wo	Liefe
6	DATE OF BIR	тн			of
2		****************	June	(	, 1931
			(Month)	(Day)	(Year)
7	AGE	yrs.	m	Os	If LESS than I day hrs. or min.?
8	occupation (a) Trade, pr		-	) 10 0	1
7	particular kin	d of work		Core	
	(b) General nousiness, or e	stablishment	in	"	
0	which employ		yer)		
9	(State or co	untry)	May	lace	1_
Very	10 NAME C	F In	omas	Jon Jon	Free
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	(State o	r country)	w	large	ed
	12 MAIDEN		Peatre	el de	eller
	13 BIRTHP		5	Maryl	oud.
14	THE ABOVE	IS TRUE TO	THE BEST	OF MY KNOW	LEDGE
	(Informant	1/	terry	102	ous,
0 0	(Add	ress)	cke	ebers	lone Mid
15	Filed fee	ue 2 19	3,	ms.	Clayton

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If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 20

>	St.: Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL	CERTIFICATE	OF DEATH
16 DATE OF DEATH	Tun	e 12, 1931
17 I HEREBY C		(Day) (Year) tended the deceased from
<b>6****</b>	192 to	, 192,
that I last saw h	dive on	, 192,
and that death occurred The CAUSE OF DEATH		d above, atm,
Contributory Secondary  (Signed)	(Duretion)	Joseph de de la
	(Address)	, r, in deaths from njury and (2) Whether
18 LENGTH OF RESII ients or Recent Resid At place of death	DENCE (For Hosp lents) In the Street,	itals, Institutions, Trans-
usual residence	AP DEMOVAL	DATE OF BURIAL
19 PLACE OF BURIAL	r suelve	- 6/2, 181
Derraker Aleres	hanny)	andressone

md.

N. B.--

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from er," etc., without more proven coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the dutics of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engincer, Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a whatever, write Nonc. Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The materia. Stationary fireman, etc. But in many single word or term on (6) Grocery,

Statement of Cause of Death—Name, first, the DISE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tclanus) may be stated under the head of "contributory." inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-'Congenital,' "Senile," etc.), "Dropsy, Chronic etc. The contributory valvular heart disease Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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item	s sho	nent
Every item of information should be carefully supplied. ACE chould be stated EXACTLY, PHYSI-	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact	statement of OCCUPATION is very important. See instructions on back of certificate.
-	1	

PLACE OF DEATH	06695 STATE OF MARYLAND
County Anne Arundel	(93-c) CERTIFICATE OF DEATH
	Registration Dist. No. 27
Village or City Ft. George G.MeadeNo. Stati	on Hospital St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married WIDOWED. WIDOWED. (Write the word)	June 25 1931 , 1922 (Month) (Day) (Year)
October 9, 1880  (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from May 31 192 30 to June 25 , 1931, that I last saw h im alive on June 25, 1931,
TAGE  50 yrs. 8 mos. 16 ds. or min.?  8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	and that death occurred on the date stated above, at 12:52 Pm. The CAUSE OF DEATH * was as follows:  (1) Myocarditis, chronic.  (Duration) 3 yrs 0 mos 0 ds.
which employed or (employer) U. S. Army  9 BIRTHPLACE (State or country)  Lee County Kentucky  10 NAME OF FATHER  J. M. Cain  11 BIRTHPLACE	Contributory Nephritis, acute, toxic.  (Signed)
OF FATHER (State or country) Kentucky  12 MaiDen Name OF MOTHER Rosabele Richardson  13 BIRTHPLACE OF MOTHER	Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place 10 yrs. 0 mos. 0 ds. State 10 yrs mos. ds.
(State or Country) Kentucky  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Mrs. S. L. Cain, (Widow).	Where was disease contracted. At place of death if not at place of deals?  Former or usual residence Fort George G. Meade, Md.

If more b.anks are needed, addre.s tate Registrar, 16 W. Saratoga St., Bulto., Requesting V. S. 100.1.

20 UNDERTAKER

Lloyd Kaiser

(Address) Ft. George G. Meade, Md.

H. BAILY . Col

Filed June 25

19 PLACE OF BURIAL OR REMOVAL

Arlington National Cemetery, June 29

DATE OF BURIAL

ADDRESS

Laurel, Md.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Carc should be taken definite salary, may be entered as Housewife, Housework, or all Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Nanager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plonter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The inaterial engineer, Stationary fireman, etc. But in many For many occupations a single word or term on Form laborer, Loborer-Coal mine, etc. Womwithout more precise specification as For persons who have no occupation Solesman, 6 Grocery; Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Brouchopneumonia ("Pneumonia,")

named acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if in possible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "Puerperal septicacmia," "Puerperal pertionitis," etc. stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY "(Transition," "Heart failure," Haemorrnage, "Transition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, or intercurrent) affection need Chronic valvular heart discase; etc. The contributory Mcasles ; not be

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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HYSI-Exact

PLACE OF DEATH	06630 STATE OF MARYLAND
County ( - (	© CERTIFICATE OF DEATH
1	Registration Dist. No.
Village or City 10718 (No.	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME // WYY // CAUGIENT	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, Single WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH   193/ (Month) (Day) (Year)
6 DATE OF BIRTH  DEC  (Month)  (Day)	17. I HEREBY CERTIFY, That Lattended the deceased from  192 to fine 192 , 1923 ,  that I last saw h calive on fine 2 , 1923 ,
(Month) (Day) (Year)  7 AGE   Ilf LESS than	7/ ~2.0
I dayhrs.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
/ yrsmos/5 ds. ormin.?	6 -0 '
8 OCCUPATION (a) Trade, profession or particular kind of work	Joshusso
(b) General nature of industry	Cont
business, or establishment in which employed or (employer)	(Duration)vrsds,
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Roland Coals	(Signed) (Durstion) Jrs. mos. de,
() II BIRTHPLACE	(Address) Chillips
Z (State or country) LUN20 Md	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal.
of Mother Gara Summerville	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents)
13 BIRTHPLACE OF MOTHER OF MOTHER	At place In the of death yrs mos. ds. State yrs mos ds.
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
THE ABOVE IS INDUSTRIES IN MICHAELES	Former or usual residence
(Informant) A o Tanol Gus	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Longs mod	Waymen Good Holes Cout 9,22, 1931
15 Filed place 2 219231 frag 4 C force no	EHBranks 47 Washington-
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery. (a) Foreman, (b) Automobile factory. The materia. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Houscwife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> carbolic acid-probably suicide. The nature of the injury. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropey, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid cough; Chronic etc. valvular heart The contributory Always qualify all disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

6669 STATE OF MARYLAND

PLACE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer gaged in domestic service for wages, as Servant, Cook, additional line is provided for the latter statement; it fulness of various pursuits can be known. The quesor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know Physiciam, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. r," etc., Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the and children, not gainfully em-6 Grocery,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dipluheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Snock," "Old Age," "Snock," stated unless important. American Medical Association.) (elanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercorrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); (Recommendations on statement of cause of death Chronic interstitial nephritis, Whooping cough; "A trophy," "Collapse, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic and consequences (e. g., sepsis, ," "Coma," "Convulsions, etc. The contributory valvular heart Nomenclature of the Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state WRITE PLAINLY, WITH UNFADING INN - 1 11.5 15 15 15 15 15 17 I. PHYSICIANS Should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS Should state CORD. Every N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

ftem of infor-

1. PLACE OF DEATH		ILAND	CERTIFICATE OF DEATH	;98
County Anne Arund			Registration Dist. No.	1
Village or City Crownsvil		(lf	No.  St.,  death occurred in a hospital or institution, give its NAME instead of street and s  ds How long In U.S. if of foreign birth?	
2. FULL NAME JAS. E.	CRAWFO	ORD		
(a) Residence: No. CROWN SV	(Usual place		If nonresident give city or town and	State
PERSONAL AND STATIST	CAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male 4. COLOR OR RACE black	OR DIVORCE	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH June 1st (Month) (Day)	, 193 ] (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	ngle	10	22. I HEREBY CERTIFY, That I attended February 28, 19 27, to June 1st	
5. DATE OF BIRTH (month, day, and year)	1911	· · · · · · · · ·	Hast saw h im alive on June 1st 1931	
7. AGE Years Months 20 ?	Days	tf LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 6:40 Am M  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
8. Trade, prolession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Labore	er	Pulmonary tuberculosis	2 mo
work was done, as SILK MILL, SAW MILL, BANK, etc	11. Totai	lime (years)		
year)	land	upation	Other Coutributory Causes of importance:	?
13. NAME Lewis C	rawfor	i		
13. NAME Lewis C  Mary 1  14. BIRTHPLACE (city or town)  (State or country)	and		Name of operation Data of What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME Alice 16. BIRTHPLACE (city or town)	Harriso ryland	on	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicida?	;; , 19
17. INFORMANT HOSpital F (Address) Crownsville		land	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	Date		Manner of injury	
19. UNDERTAKER (Address) Christop	Hicos	mg.	24. Was disease of injury in any way related to occupation of deceased?  If so, specify  (Signed)	03,
20. FILED 1931/	Jre.	Registrar.	(Address) Crownsville Menyle	nd ) "

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis 3 TO SC 1 F	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

TION is very important. See instructions on back of certificate.

of OCCUPA-

1	County	F DEATH	1	TLAND—	Pagistration Diet. No.	C0699		
	Village or C			te Hospit (II) yrs. 5 mos	6 L No.  f death occurred in a hospital or institution, give its NAME instead o  8. 8. ds. How long in U.S. if of foreign birth?yrs.	St, Ward f street and number) ds.		
	2. FULL NA		eroy Da					
	(a) Residen	ice: No.	icomico (Usual plac	County e of abode)	St., Ward.	or town and State		
	PERSON	AL AND STATIS	TICAL PART	TCULARS	MEDICAL CERTIFICATE OF D	EATH		
	Male	4. COLOR OR RACE black		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH June 19th (Month) (Day	. 193 1 (Year)		
5a.	. If married, widow HUSBAND of (or) WIFE of		trice Da	ashiels	22. I HEREBY CERTIFY, That January 11ths 31, to June			
6.		(month, day, and year)	1898	unlenous	I last saw harmalive on June 19th 19 31; death is said			
7.	AGE Yea	Months ?	Days	It LESS than I day,hrs. ormin.	to have occurred on the date stated above, at O 1 DP m.  The PRINCIPAL CAUSE OF DEATH and related causes of Impowere as follows:			
PATION	9. Industry or	ssion, or particular work done, as SPINNER, , BOOKKEEPER, etc business in which s done, as SILK MILL,	Labo	r-er	Broncho pneumonia	Date of oneet 24 hp:		
o Seup	IO. Date deceas	LL, BANK, etced last worked at pation (month and	sp	time (years) ent in this supetion	-			
12	. BIRTHPLACE (ci	.,,	ryland		Other Contributory Causes of Importence:			
ER	13. NAME	Solomo	n Dashie	els				
FATH		E (city or town)	yland		Name of operation Dete of What test confirmed diegnosis? ————— Was there an autopsy?			
MOTHER		(city or town) Mar	ie Gosli yland	ln	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?			
-	. INFORMANT (Address)	r country) Hospi Crown	tal Reco	rds Maryland				
18		TION, OR REMOVAL	ul pare huy		Manner of Injury			
	(Address)	3470 to	Jech -	July in The	24. Was disease or injury In any way related to occupation of do  If so, specify  (Signed)	eceased?		

CTATE OF MADVIAND CEDTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example Ell ED		Example II	
The principal cause of death and related causes of importance were as follows: 4 1931	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1 7 ?	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	· · · · · · · · · · · · · · · · · · ·	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

On

See instructions

TION is very important.

FATHER

MOTHER

County Village or	Anne Arunde		State Ho	Registration Dist. No. 2  Spinot 1 St,  f death occurred in a hospital or institution, give its NAME instead of street and no	Ward	
Length of re	esidence in city or town where	death occurred		s. 2 ds. How long In U. S. if of foreign birth?mos		
2. FULL N. (a) Reside	ence: No. Bal	timore (Usualplace	lity	St., Ward.  If nonresident give city or town and S	Hate	
PERSO	NAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH		
mala hlack OR DIVORCED		RRIED, WIDOWED. ED (write the word) ingle	e word) June 14th			
5a. If married, wid HUSBANO of (or) WIFE of	owed, or divorced unknow	vn		22. I HEREBY CERTIFY. That I ettended d June 12th 19 31 to June 14th		
6. DATE OF BIRTI	1 (month, day, and year)	1897	inknown	last saw h Pm alive on June 14th 19 31		
Α	ears Months ?	Days ?	If LESS than I day,hrs. ormin.		Oate of onset	
SAWYE	fession, or particular f work done, as SPINNER, ER, BOOKKEEPER, etc r business in which	Unkr	lown	Mitral regurgitation with failure of compensation	?	

Unknown 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)

Unknown

Unknown

11. Total time (years)

spent in this

occupation ...

19. UNDERTAKE (Address) 20. FILED ....

Date deceased lest worked at this occupation (month and

12. BIRTHPLACE (city or town) (State or country)

> 14. BIRTHPLACE (city or town) (State or country)

13, NAME

17. INFORMANT (Address)

If so, specify

Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.

(Specify city or town, county and State)

Was there an autopsy?.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Aortic

Name of operation.

What test confirmed diagnosis?\_\_

Accident, suicide, or homicide?.

Where did Injury occur?.

Manner of injury Nature of injury.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of happy takee:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

-WRITE PLAINLY. WE UNFADING INK-THIS IS A PERMANENT CORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of QCCUPA-	
f in	ld s	CO	/
m	hou	9	,
ite	2	0	
) 2	Z	nent	
E.	SIC	ater	
	HX	t st	
Ö	D	Xac	
L	X	#	
KEN	TI	fied.	
MA	AC	assi	
ER	EX	y cl	te.
AP	per	perl	ifica
IS	sta	pro	certi
HIS	pe	he	Jo.
-	plno	nay	ack
N	sho	it 1	on b
. J.	GE	that	Suc
OIN	4	80	actic
FA	lied	ms,	stru
E	ddn	ter	e in
5	lly s	lain	S
A.	efu]	in I	ant.
2	car	TH	port
AIN	l be	)EA	im
PL	onle	)F I	TION is very important. See instructions on back of certificate.
TE	n sh	SE C	is
VRI	ation	AUS	NO
1	E	C	E

1. PLACE OF DEATH		LAND—	34)	701		
County Crownsville Village or City Anne Arun			No. St, death occurred in a hospital or institution, give its NAME instead of street and	War		
Length of rasidence in city or town where death	occurred	yrs10 mos	ds. How long in U.S. if of foreign birth?m	osd		
2. FULL NAME ME	v Emme	Dorsey				
			St., Ward.			
360	Usual place	about)	ff nonresident give city or town and	l State		
PERSONAL AND STATISTICA	L PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH			
female black 5.3	SINGLE, MARR	(write the word)	21. DATE OF DEATH June 17th	107 27		
	unk	enown	(Day)	(Year)		
HUSBAND of (or) WIFE of		/	22. I HEREBY CERTIFY. That i attanded	decaasad fro		
(oi) wire oi	de de	1	July-27th, 1929 . to June 17th			
DATE OF BIRTH (month, day, and year)	02 (10	Linocery	I last saw her alive on June 17th 19 31; daath is sai			
AGE Years Months	Days	If LESS than	to have occurred on the data stated above, at _ 8: 10Pi			
29	?	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:	1 -		
8. Trada, profession, or particular			Cerebral syphilis	2 yr		
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, atc	Unkno v	70				
9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc				-		
10. Data deceased last worked at	11. Total tin	na (yaars)				
this occupation (month and year)		t In this pation				
DIDTINI ACE (aity or hours)			Other Contributory Causes of importance:			
2. BIRTHPLACE (city or town)	awn		Mental Deficiency with a	0		
13. NAME	••		psychosis	2 yr		
	Unknow		No. of annual control of the control			
14. BIRTHPLACE (city or town)	Unkiio	wn	Name of operation			
TELESCOPIE DE L'ANDRE			What test confirmed diagnosis? Was there an i			
UIIKIIOW			23. If daath was dua to external causes (VIOLENCE) fill in also the following			
16. BIRTHPLACE (city ar town)	HOWN		Accidant, suicida, or homicide?	, 19		
			Whara did injury occur? (Specify city or town, county and State	te)		
(Address) Constant			Spacify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.		
	e, 1112	yland	Menon of lating			
B. BURIAL, CREMATION, OR REMOVAL Seem Spling Comments	ate Jun	12/ 1931	Mannar of Injury			
UNDERTAKER Herry Jarry	10.	Lous.	Nature of injury  24. Was disease or injury in any way related to occupation of decaased?			
(Address) abyleen	124	d.	if so, specify Al A Manager	0		
19 2 1 2 1 d	6 9	2 6 76	(Signed)	13 M		
). FILED MAY / 9 , 18 / France	1	Registrar.	(Address) Crownsville, Meryls	and		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	
	32,1000		1 gear	

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Died June 17, 1931

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and .....Ward)

number.)

		AL CI	ERTIFICAT			- /	71
OF	DEATH	1	h	16	1	1	

(Month) (Day) (Year) ..... I HEREBY CERTIFY, That I attended the deceased from

and that death occurred on the date stated above, at .. The CAUSE OF DEATH \* was as follows:

\*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the State yrs mos ....

If more blanks are needed, addre.s Ltate Registrap, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever. write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a (a) Physician, Compositor, Architect, Housemuid, etc. If the occupation has been changed r," etc., nner, (b) Cotton mill; (a) Salesman. (b) Grocery;
Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as (a) the kind of work and also (b) the Locomotive engineer, Day

Strtement of Cause of Death—Name, first, the DIS.
EA. COUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmcumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discase Chronic interstitial nephritis, etc. The contributor; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," peritonaeum, etc., Carcinoma, Sarcoma, etc., of 'Congenital,' "Senile,' etc.), "Dropsy,"
,'' "Heart failure," "Haemorrhage," Example: Measles (disease etc. The contributory " "Convulsions,

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PHYSI-

ee instructions on back of certificate.

C

PLACE OF	F DEATH	
ounty Anne	Arundel	

133)

## 06703 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 21

Village or City LON	g Point (No		st: Ward	) (If death occurred in a hospital or institu- tion, give its NAME in- steed of street and number.)
PERSONAL AND	STATISTICAL PA	RTICULARS	MEDICAL CERTIFICATE	OF DEATH
	r OR RACE   5 SINGLE MARRIE WIDOW OR DIV	orcemarried	16 DATE OF DEATH June (Month)	
6 DATE OF BIRTH	November 8 (Month) (I	, 1888 (Year)	17 I HEREBY CERTIFY, That I at 1	tended the deceased from, 192, 192,
7 AGE 42 y	rs. 7 mos.	If LESS than I day hre. or min.?	The CAUSE OF DEATH * was as follows:	i above, at 3 Pe m.
particular kind of work (b) General nature of in business, or establishme which employed or (emp  BIRTHPLACE (State or country)  10 NAME OF FATHER Dr. I	ndustry SUTGO	eon		de.
OF FATHER (State or country)  12 MAIDEN NAME	Baltimore		*State the Disease Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	- la dante face
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	ilian Olds Michigan	a	18 LENGTH OF RESIDENCE (For Hospi ients or Recent Residents)  At place In the of deathyrs	tals, Institutions, Trans-
(	o the Best of MY K B. Helen S Baltimore, M	Fetterhofi	Where was disease contracted, if not at place of death?	
	1923/ 2-6.	Dreis w.	20 UNDERTAKER W. Tickner	ADDRESS Baltimore

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature of the "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid letanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Ansemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); as fracture of skull, and consequences (e.g., sepsis, "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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/	PLAGE	OF UL	DEA	TH	del	)
Cot	inty	6	1		1659 4 A A C'H G A P P A A C'H	



Registration Dist. No. ..

Village or City Valuation (No	St.: Ward)  [If death occurred in a hospital or Institu- slon, give its NAME in- stead of street and aumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
fluide   4 COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Mouth) (Day)  (Year)  17 I AFREBY CERTIFY, That I attended the deceased from
Sept. 11, 1865	that I last saw h ex alive on June 3, 1981.
7 AGE  65 8 23 If LESS than I dayhrs. yrs mosds. or min. ?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work.  (b) General nature of industry business, or establishment in which employed or (employer).  Private Home	(Suddle death)
9 BIRTEPLACE (State or country) Many land	(Signed) When M. Caffy M.D.
11 BIRTHPLACE OF FATHER  (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Ideans of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of Mother Harman  Berthplace of Mother (State or country)  A A CO - Ma	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  At place In the State, yrs. mos. da.
(Informant) Eden BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence
(Address) Colenton mag  15 Filed June 6 1921 N. L. Jenes  Sean John Registrar	Jamely Gemetery Jame 7. 193!  20 UNDERTAKER JACKNER JA
17 more blanks are needed, address State Registrar.	16 (W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook en at home, who are engaged in the dutles of the Never return "Laborer," "Foreman," "Manager," "Deala !ditional line is provided for the latter statement; it business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing Death, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Cure should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm luborer, Laborer-Coal mine, etc. Womer," etc., worked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature, of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important; so that the relative health-Statement of Occupation-Precise statement of oc-6 11.8.). For many occupations a single word or term on without more precise specification as For persons who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the rhage," "Inanition." "Marasmus," "Old Age," "Shock," conditions, such as "Asthenia," "Amaemia" (merely ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Measles; ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conse-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "PURPERAL septicaemia." "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," "Debility" ("Congenital," "Senile," etc.), symptomatic), "Atrophy," "Collapse," causing ...... (name origin; "Cancer" is less definite; avoid inges, peritonacium, etc., Carcinoma. Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness." etc., when a definite disease Chronic interstitial nephritis, etc. (secondary or intercurrent) affection need not be Whooping cough; Chronic valvulur heart disease; FOR VIOLENT DEATHS STATE MEANS OF INJURY death), 29 ds.; Bronchopneumonia (Recommendations on state-Always qualify all The contributory "Соша," The na-(second-(disease "Con-

It this certificate is locked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Asso.)

occupation whatever, write None. only (not paid Housekeepers who receive a definite home who are engaged in the dutics of the household Farmer (retired, 6 yrs.). from business, or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed report specifically the occupations of persons engaged At school or At home. Care should be taken to or At home, and children, not gainfully employed, as salary), may be entered as Housewife, Housework, without more precise specification, as Day laborer "Laborer," "Foremau," "Manager," "Dealer," etc., form part of the second statement. Automobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) when needed. As examples: (a) Spinner, (b) Cotton vided for the latter statement; it should be used only or industry, and therefore an additional line is prokind of work and also (b) the vature of the business trlai employments, it is necessary to know (a) the fireman, etc. But in many cases, especially in indusspective of age. For many occupations a single word tect, Locomotive engineer, Civil engineer, Stationary Farmer or Planter, Physician, or term on the first line will be sufficient, e. question applies healthfulness of various pursuits can be known. occupation is very Important, so that the relative Statement of Occupation.—Precise statement of domestic scrvice occupation at beginning of illness. laborer, Laborer-Coal minc, etc. Women at that fact may to each and every for wages, as Servant, The material worked on may For persons who have no be indicated thus: Compositor, Archi-Never return person, If retired

toneum, etc., Carcinoma, Sarcoma, etc., indefinite); Tuberculosis Bronchopncumonia port "Typhoid pneumonia"); Lobar pneumonia; (avoid use of "Croup"); Typhoid fever (never re-Cercbrospinal fever (the only definite synonym is same accepted term for the same discase. respect to time and causatiou), using always the (name origin; "Cancer" is less defiuite; avoid use of Statement of Cause of Dcath .- Name, first, the CAUSING DEATH (the primary affection with ccrebrospinai ("Pneumonia," of lungs, meningitis"); meninges, per unqualified, Diphtheria Examples:

> causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (dlsease the American Medical Association.) death approved by Committee on Nomenclature tetanus) may be stated under the head of "Contribuing; Struck by railway train-accident; Revolver determine defiultely. Examples: Accidental drown-INJURY and qualify as ACCIDENTAL, SUICIDAL, undertaken. "PUERPERAL septicemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage, as can be ascertained as the cause. Always qualify all "Uremia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old age," "Shock," "Dropsy," "Exhaustion," Heart failure," vulsious," symptomatic). "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenla," "Anemla" (mereiy ary), 10 ds. Never report mere symptoms or terminal (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory fracture of skull, and consequences (e. g., sepsis, wound of head-homicide; Poisoned by carbolic acid HOMICIDAL, Whooping cough; Chronic valvular heart disease; -probably suicide. State cause for which surgical operation was (Recommendations on statement of cause of "Debility" ("Congenital," "Senile," etc.), for malignant or as probably such, if possible FOR VIOLENT DEATHS State MEANS OF The nature of the injury, as neoplasms); "Hemor-(second-

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.



V			F MARYLAND-	-CERTIFICATE OF DEATH 067	06
/	1. PLACE OF			92:00	
	County 4			Registration Dist. No. 2	7
	Village or City	Crowns	sville State Ho	spitNo.l St.	Ward
			1 17	(If death occurred in a horpital or institution, give its NAME instead of street and nur	
				os. 19 ds. How long In U. S. 17 of foreign birth?yrsmos.	ds.
	2. FULL NAM		Gardner alias	Fordan	
	(a) Residence	: No. Balti	more City	St., Ward.	
-			(Usual place of abode)	If nonresident give city or town and St	ate
-			ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
-	temale	black	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	193 1
-			married	June 18th (Day)	(Year)
5a	. If married, widowed HUSBAND of	, or divorced		22. I HEREBY CERTIFY. That I attended de	ceased from
	(or) WIFE of	Unknown		October 29 ,1915,10 June 18th	
	DATE OF BIRTH (me	onth day and year)	1873 - Unlenn	June 18th . 31	death Is said
-	AGE Years	Months	Days If LESS than	to have occurred on the date stated above, at6m,	104111111111111111111111111111111111111
	58	?	1 day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
E	of or min.		1 - 101	The court of the c	Date of onset
18	kind of wor	on, or particular k done, as SPINNER, DOKKEEPER, etc	Laundress	***************************************	hr.
Y	9 Industry or but	siness in which			
A B	SAW MILL,	one, as SILK MILL, BANK, etc			
Ji	1D. Date deceased this occupat	last worked at tion (month and	11. Total time (years) spent in this		
			occupation	Dther Coutributory Causes of Importance:	
12	BIRTHPLACE (city of	or town)	Iowa		14 yı
	(State or country				
ER	13. NAME	Uhk	nown	,	
FATHER	14. BIRTHPLACE (d	eity or town)	Unknown	Name of operation Date of	
F	(State or co		***************************************	What test confirmed diagnosis? Was there an auto	
띪	15. MAIDEN NAME	Un	known	23. If death was due to external causes (VIOLENCE) fill in also the following:	, , , , , , , , , , , , , , , , , , , ,
MOTHER	16 RIPTHPI ACE (	city or town)	Unknown	Accident, suicide, or homicide? Date of Injury	19
E	(State or co	,		Where did Injury occur?	
		Hospital R	ananda	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE	e
1/	(Address)	Crownsyi			
18	BURIAL, CREMATID		CA-	Manner of injury	
	Place Y. 9. P.	for Cerular	) Date 919 39	Nature of injury	
	X	R D. (1)	J A. 61	24. Was disease or injury in any wax related to occupation of deceased?	
19	(Address)	Litalons	- Lud	If so, specify	

Registrar.

(Address) Crown svi

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1 - 3UL - 5 B31			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	5/
1	X
1	9
	/
	(A)

PLACE OF DEATH County anne arundel 06707

### STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 2 3
Village or City Brooklyn - (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jessel. Color or RACE Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 30 , 198 (Month) (Day) (Year)
S DATE OF BIRTH  July 23 - , 1924  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192, 192, that I last saw h
7 AGE   If LESS than   1 day hrs.   or min.?	and that death occurred on the data stated above, atm. The CAUSE OF DEATH * was as follows:  Lin / Chause - supposed to the
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  Var general.	Body found in woods 3 week, later  Means of homicide (Duration) yes Body to a de.  Contributory Gadly decomposed awg a green de.  (Signed) James Address Address Address Address Address Address Address Address From Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Sucidal or Homicidal.
12 MAIDEN NAME OF MOTHER OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  Major Lag -	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the Of death Market Mar
(Informant) (Address) 14/16 E. Fayetts It Both	Mount glois Cent. Date of Burial for good, 1951

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No.

Every item of CIANS should statement of

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from tired 6. yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook Housemaid, etc. If the occupation has been changed should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-;" etc., report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day (b) Automobile factory. The material (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fewer (the only definite synonym is "Epidemic cerebros pinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid ,tetanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury "PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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7 /	AGE					If LESS tha
8 (	CCUPATION	4				l day hi
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### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

	(If death occurred in a hospital or institution, give its NAME in stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	
June	20 , 1931
(Month)	(Day) (Year)
17 E HEREBY CERTIFY, That I at	tended the deceased from
on June 19th 31.	, 192
that I last saw h eralive on June	19th 192
and that death occurred on the date states	4 8.
The CAUSE OF DEATH * was as follows: Chronic nephritis	
Secondary	······································
Contributory Uremia	yro moo I do
Contributory Secondary  (Ducation)  (Signed)	yro. I do
Contributory Secondary  (Signed)  State the Disesse Causing Desth, Violent Causes, state (1) Means of Ir Accidental, Suicidal or Homicidsl.	yrs mos I do M. D. Adena, Md. D. or, in destha from njury and (2) Whether
Contributory Secondary  (Ducation)  (Signed)  June 201931 (Address)  *State the Disease Causing Violent Causes, state (1) Means of Ir Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospi ients or Recent Residents)  At place of death yrs mos ds.	mos. I de M. D. Adena, Md. D. Or, in destha from ajury and (2) Whether
Contributory Secondary  (Duction)  (Signed)  June 201931 (Address)  *State the Disesse Causing Desth. Violent Causes, state (1) Means of Ir. Accidental, Suicidal or Homicidel.  18 LENGTH OF RESIDENCE (For Hospital of the Cause of death yrs. mos. ds.  At place of death yrs. mos. ds.  Where was disease contracted, if not at place of death?	mos. I de M. D. Adena, Md. D. Or, in destha from ajury and (2) Whether
Contributory Secondary  Contributory Secondary  (Ducation)  (Signed)  Pas  *State the Disesse Causing Violent Causes, state (1) Means of Ir Accidental, Suicidal or Homicidel.  18 LENGTH OF RESIDENCE (For Hospi ients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted, if not at place of death?  Former or	mos. I de M. D. Adena, Md. D. Or, in destha from ajury and (2) Whether
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Contributory Secondary  (Signed)  June 201931 (Address)  *State the Disesse Causing Desth, Violent Causes, state (1) Means of Ir Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospi ients or Recent Residents)  At place In the State (1) Means of Ir Accidental (1) Means of Ir Accidental (1) Means of Ir Accidental (1) Means of Ir Means of	yrs mos I do M. D M.
Contributory Secondary  (Duction)  (Signed)  June 20 <sub>19</sub> 31 (Address)  *State the Disease Causing Desth, Violent Causes, state (1) Means of Ir Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospi ients or Recent Residents)  At place of death  Where was disease contracted, if not at place of death?  Former or usus residence.  19 PLACE OF BURIAL OR REMOVAL	mos. I de M. D. M. M. D.

if more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more process of the laborer, Farm laborer, Laborer—Coal minc, etc. Womlaborer, Farm laborer, Laborer—to duties of the additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necesgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery, man, (b) Automobile factory. The materia who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS.

EASE CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal
fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, (secondary "Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as by Committee on Nomenclature or intercurrent) affection need not be Chronic Example: Measles (disease " "Coma," "Convulsions, etc. The contributory valvular heart disease; Measles;

.If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 06709
1. PLACE OF DEATH	183
County Cruse Chundel	Registration Dist. No. 2/
Village or City Castbut	No. Foot Septh St., Ward
Length of residence in city or town where death occurred vrs	If death occurred in a hospital or institution, give its NAME instead of street and number)  s. ds. How long in U.S. if of foreign birth?
2. FULL NAME Nothion Gree	endreld
(a) Residence: No. 1/29 Warn	St., 2 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED, (write the word)  Surge	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Leng- 6th 1908	, 19 to , 19 to , 19 death is said
7. AGE Years Month Days If LESS than	to have occurred on the date stated above, atm.
23 15 1 day, hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were estallows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	accidental drowning
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date deceased last worked at 11. Total time (years)	
10. Date deceased last worked at this occupation (month and spent in this year)	
12. BIRTHPLACE (city or town) Ballessone 749	Other Contributory Causes of importance: Ekeleksy
(State or country)	
13. NAME Sunoy Freesfield	
14. BIRTHPLACE (city or town) Russia (State or country)	Name of operation Date of Date
	What test confirmed diagnosis?
15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town). Russia  (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Sans Treinfield	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Chrispile: 24d.  18. BURIAL, CREMATION, OR REMOVAL Place Backlinial Date June 22, 193/	Manner of injury
19. UNDERTAKER Juck Lewis	24. Was disease or Injury in any way related to occupation of deceased?
20. FILEAMA 22, 193/ Joy 60, Profistrar.	(Signed) John W andison, II. acting as loroner M. D.
If more blanks are needed address State Reviews	Augress) State Religions Processing T. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

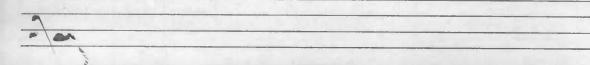
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
Example I The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis S 14 1	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis Cerebral hemorrhage	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Contract of the Contract of th		)	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME is stend of street number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED Write the word (Month) (Day) (Year) CERTIFY. That Intended the deceased from 7 AGE If LESS than and that death occurred on the date stated above, at ... I day hrs. THE CADSE OF DEATH \* was as follows: or min.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. (State or country) (2) Whether 12 MAIDEN NAME œ OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transcup/ ients or Recent Residents) 13 BIRTHPLACE OF MOTHER (3) mos (State or Country Where was disease contracted, if not at place of dea.h?..... shot Former or usual residence OR REMOVAL Filed If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting

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laborer, Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planler, Physician, Compositor, Architect, Locomolive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Civil engineer, For many occupations a or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Enhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g. sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (secondary or intercurrent) Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; Example: Measles (disease etc. The contributory affection need not be

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BUREAU V. S.

(Address

15 Filed

	Registratio	n Dist. No. 40
lage or City Nkuley (No.	St.: Wa	rd) (If death occurred

in itu-

DATE OF BURIAL

ADDRESS

2FULL NAME Torella S Or	After - stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Dsy) (Year)
6 DATE OF BIRTH March 8th, 1931	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h alive on
7 AGE [If LESS than	and that death occurred on the date stated above, atm
3 2 () I dayhrs.	The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	Krales a Sugantina
(a) Trade, profession or particular kind of work  (b) General nature of industry	
business, or establishment in	(Durstion) yrs
which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF  10 NAME OF	Contributory Contr
FATHER Jules Suffelly	Junty 1934 (Address) Stillet King Min
Con Country) Males acc.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Societe Smilly	is LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Mareface A	At place of deathyrsmosds. In the Stateyrsmosd
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or usual residence

If more branks are needed address State Registrar, 16 W. Saratoga St.,

BINDING TH UNFADING INK--THIS MARGIN RESERVED statement of WRITE

Vil

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery, man, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perdonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-Chronic The nature of the injury, etc. valvular heart Nomenclature The contributory Always qualify all disease;

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a er," etc., William laborer, Laborer-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs), business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation -Coal mine, etc.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospudal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of can be ascertained as the cause. Whooping cough; Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condiinterstitial nephritis, FOR VIOLENT DEATHS state MEANS OF INJURY Chronic etc. valvular heart Always qualify al The contributory Measles; not be disease;

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BINDING

FOR

RESERVED

MARGIN

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 101 8 1931	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

	STATE	OF MAR	YLAND-	CERTIFICATE OF DEATH 08	714
1. PI	LACE OF DEATH		111335	94-0	100
County A. A.					
Village or City Annapolis, Md.			0	No. Imergency lospital st	Ward
L	ength of residence icity or town when	re death occurred	yrsmos	ds. How long In U.S. if of foreign birth? yrs	mosds.
2. Ft	ull Name 3 Charl	es Wallad	e. Hambr	ock.	
(	. 10	t Annapol	lis.	St., Ward.	
	PERSON L AND STATIS	(Usual place		If nonresident give city or town  MEDICAL CERTIFICATE OF DEAT	
3. SEX	4. COLOR OR RACE	5. SINGLE MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH June 2	, 193.
HUS	rried, widowed, or divorced BBAND of WIFE of Oliveth	L. Hambro		(Month) (Day)  22. HEREBY CERTIFY That I atte	
6. DATE	OF BIRTH (month, day, and year)	June. 29 1	1898		3/; death is said
7. AGE	Years Months	Days	If LESS than I day, hrs. or min.	to have occurred on the date stated abovo, at \$309.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
2 8.1	Trade, profession, or particular	**		were as ronows:	Oate of onset
NPA TION	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	clerk in	ı Bank	Augus Testors	001.193
10. 1	year)	06:1	me (years) it in this pation 12	Other Centributory Causes of impostance:	
	HPLACE (city or town) Ann. State or country)	apolis, J	id.	Other Contributory Causes of Impostance	-
当 13. 1	NAME Chris H	ambrock.			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
u.	BIRTHPLACE (city or town)	rmany		Name of operation Date What test confirmed diagnosis? China & Was there	1
15. N	MAIDEN NAME 1 a.	ry W. Gre	een.	23. If death was due to external causes (VIOL ENCE) fill in also the foll	owing:
15. N	BIRTHPLACE (city or town)	nnapolis,	I'd.	Accident, suicide, or homicide? Date of injury Where did injury occur?	
	RMANT Oliveth L Address) Vest Ann		d.	(Specify city or town, county an Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLI	d State)
	AL, CREMATION, OR REMOVAL Vace Annapolis, II	d. Date June	4 1,931	Manner of injury	
(	ertaker B. I. H. Address) Annapo	lis, Id.		24. Was disease er injury in any way related to occupation of decease if so, specify	Money.
20, FILE	Janu 3., 1931 fr	276 C. 7	Registrar.	(Signed)	md!

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

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Strtement of Cause of Death—Name, first, the DIS-BAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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11

PLACE OF DEATH	STATE OF MARYLAND
4 1	CERTIFICATE OF DEATH
County	(03)
	Registration Dist. No.
mana	
Village or City	St: Ward) (If death occurred in a hospital or institu-
(). 4	ion, give its NAME in-
2011 NAME Margaret Illes	Mules (me, mamber.)
2 FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX / 4 COLOR OR RACE 5 SINGLE, M	16 DATE OF DEATH 97
MARRIED. WIDOWED WILL	Jul , 1921
OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17. I HEREBY CERTIFY, That I attended the decensed from
A TANK OF BIRTH	Ture D. 1900, to June 1001
02c. 12 1856	that I last saw h Q, alive op
(Month) (Day) (Year)	and that death occurred on the days stated above, at &
7 AGE	
t7.1 [ 16   1 dayhrs.	The CAUSE OF DEATH 't was as follows:
/tiyrs	1 (1)
8 OCCUPATION /	Macure Comu
(a) Trade, profession or	(Che - ble ad ) de for toil
particular kind of work.	Chron & massing market
(b) General nature of industry	(Duration)yrsmos
which employed or (employer)	Contributory Nat Promise
9 BIRTHPLACE	Secondary
(State or country) Van Care of	(Duration) //yrsmoet J d
10 NAME OF	a 1. Austine Hayes No
FATHER ON GO TO THE TOTAL OF THE PATHER OF T	(Sightd)
50 11 BIRTHPLACE	Many 41 19231, (Address Die July 1 100 110.
C OF FATHER	Violent Causes, state (1) Leans of injury: and (2) whether
(State or county) (Aug.)	Accidental, Suicidal or Homicidal.
of Mother	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
a pring friend	lents, or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the of death yrs mos da. State, yrs mos. de
(State or country (Manualuce)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY MNOWLEDGE	if not at place of death?
(Informant) Yolda & Himturg	Former or usual residence.
1 may ma t	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) / wy	Standrews June 11 1931
15	20 UNDERTAKER ADDRESS
Filed gune 10. 192 2 John Collinson	114 8. To alcounte
Registrar	11 to sund solver
ff more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requestine V. S No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the disease causing death gaged in domestic service for wages, as Servant, Cook whatever, write Nonc. tire 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (re Housemaid, etc. to report specifically the oce pations ployed, as it echool or it home. Care should be taken dofinite salary), may be entered as Housewife, House. household only (not paid Housekeepers who receive a on at home. Who are engaged in the duties of the Never return "Laborer." "Foreman," "Manager." "Dealthould be used only when needed. As examples: (a) additional line is provided for the lutter statement; if sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health laborer, Farm laborer. Laborer-Coal mine, etc. worked on may form part of the second statement (a) Foreman, (b) Automobile factory. "pinner, (b) Cotton mill; (a) Salcsman, (b) Grocery, nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques Statement of Occupation - Precise statement of oc For many occupations a single word or Or without more precise specification as Day Home, and children, not gainfully em-Stationary firemen, etc. If the occupation has been changed of persons en The material But in many term on Wom-

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should state OCCUPA. Jo PHYSICIANS Exact statement stated EXACTLY. PERMANENT properly classified. MARGIN RESERVED FOR BINDIN THIS-AGE should be may WSE OF DEATH in plain terms, so that mation should be carefully B.-WRITE PLAI

ż

1. PLACE OF DEATH  CountyA_A.				82:0	7.	
					Registration Dist. No	200
Village or City Harwood				(11	No.  death occurred in a hospital or institution, give its NAME instead of s	St, War
Length of residence in city or town where death occurred					ds. How long in U.S. it of foreign birth?yrs	mosd
2	FULL NAME	Alic	e A. Ir	eland.		
(a) Residence: No. McKendree Id.				St., Ward.		
-	DEDCOMALA		(Usual place		If nonresident give city or	
2 6	PERSONAL AN	OR OR RACE	1		MEDICAL CERTIFICATE OF DE  21. DATE OF DEATH	ATH
3, 2		UR UR RACE	OR DIVORCE	RED, WIDOWED, O (write the word)	June 28	193
-	I married widowed or div		,luow		(Month) (Day)	(Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amos I. Ireland,			reland,		22. I HEREBY CERTIFY, That I June 19 19 1 to June 3	attanded deceased fro
6. T	DATE OF BIRTH (month, da	av. and year) 1/8	v 9 136	2	l last saw h er alive on June 27	, 19 71 ; death is sa
_	AGE Years	Months	Days	If LESS than	to have occurred on the data stated above, at	
	69	1	27	l day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importa were as follows:	,
-	8. Trade, profession, or particular kind of work done	particular		•	Cerebral Hemorhage	Date of onac
NO.	SAWYER, BOOKKE	EPER, etc	House W	ork		
	9. Industry or business i work was done, as	in which				
3	SAW MILL, BANK,	etc	1 11 7-1-14			
5	O. Data deceased last wo this occupation (m	onth and	sper	me (years)		
year) oscupation						
		0 - 3			Other Contributory Causes of Importance:	***************************************
12.	BIRTHPLACE (city or town	0 - 3		IId .	Other Coutributory Causes of Importance: Uniknown	
	BIRTHPLACE (city or town (State or country)	) Cal	Lvert Co	Md,		
	BIRTHPLACE (city or town (State or country)	Richar	lvert Co	Md,	Unknown	
-	BIRTHPLACE (city or town (State or country)	Richar	lvert Co	Md,	Unknown  Name of operation	
LAINER	BIRTHPLACE (city or town (State or country)  13. NAME  14. BIRTHPLACE (city or town)	Richar Richar Rown) Mayl	lvert Co	Md,	Name of operation	there an autopsy?
LAINER	BIRTHPLACE (city or town (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME	Richar Richar town) Mayl	lvert Co rd Dlr,m Land	Md,	Name of operation	there an autopsy? following:
FAINER	BIRTHPLACE (city or town (State or country)  13. NAME  14. BIRTHPLACE (city or town)	Richar Richar  Rown) May l  Eliz  Rown) Var	lvert Co rd Dlr,m Land za Ward	Md,	Name of operation	there an autopsy? following:
MOINER FAINER	BIRTHPLACE (city or town (State or country)  13. NAME  14. BIRTHPLACE (city or town (State or country))  15. MAIDEN NAME  16. BIRTHPLACE (city or town (State or country))  INFORMANT  Reserve	Richar Richar Richar Rown) Mayl Sliz Rown) Var	lvert Co rd Dlrym Land Land za Ward ryland	Md,	Name of operation	there an autopsy? ofollowing: ry
MOINER LAINER	BIRTHPLACE (city or town (State or country)  13. NAME  14. BIRTHPLACE (city or town (State or country))  15. MAIDEN NAME  16. BIRTHPLACE (city or town (State or country))  INFORMANT Results of Country (Address)	Richar Richar Rown) Mayl Rown) Var Sie Lint Rown Arwood I	lvert Co rd Dlr,m Land za Ward ryland thicum	Md,	Name of operation	there an autopsy? of following: ry, 19
MOINER PAINER	BIRTHPLACE (city or town (State or country)  13. NAME  14. BIRTHPLACE (city or town (State or country))  15. MAIDEN NAME  16. BIRTHPLACE (city or town (State or country))  INFORMANT Results of Country (Address)	Richar Richar Richar Rown) Mayl Sliz Rown) Var	lvert Co rd Dlr,m Land za Ward ryland thicum	Md,	Name of operation	there an autopsy? following: ry, 19 ry and State) UBLIC PLACE.
MOIHER FAIHER	BIRTHPLACE (city or town (Stata or country)  13. NAME  14. BIRTHPLACE (city or town (State or country))  15. MAIDEN NAME  16. BIRTHPLACE (city or town (State or country))  INFORMANT Registry  (Address)  BURIAL, CREMATION, OR Place Registry  INDEPTACED	Richar Richar Rown) May  Eliz Rown) Var  sie Lint arwood I REMOVAL Cemeter	lvert Co cd Dlrym Land za Ward cyland thicum fd. cy <sub>Date</sub> June	Md,	Name of operation	there an autopsy? ofollowing: ry

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	D	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		,	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

	1PLACE OF DEATH County	O 6 7 1 8 STATE OF M. CERTIFICATE  Registration Di	
V	illage or City Amabelia (No. 151 Se		(If death occurred in a hospitel or institu- tion, give its NAME in- steed of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3	SEX 4 COLOR OR RACE MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2	
6	DATE OF BIRTH  (Month) (Day) (Yesr)	that I lest ow h Malive on June	ded the deceased from
7	AGE    If LESS than   I day hrs.   or min.?	and that death occurred on the date stated at the CAUSE OF DEATH)* was as follows:	bove, at 12,25 tm.
	(a) Trade, profession or particular kind of work	apopley	
yo	(b) General nature of industry business, or establishment in which employed or (employer)	Contributory (Duretion)  Contributory (Duretion)	od presery
V H		(Signed)	or, in deaths from
D A C	20. 10.000 (31.00000	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospital ients or Recent Residents)	s, Institutions, Trens-
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the State  Where was disease contracted,	yrsmosds.
14	(Informant) Caract Halham  (Address) 51 South SE	Former or usual residence	DATE OF BURIAL
=	Filed 1923/ Fried Registrar  If more branks are needed, address State Registrar	26 UNDERTAKER  26 UNDERTAKER  27 September 19 September 1	ADBRESS AT NO. 1.
	If more bianks are needed, address State Registra	1 In at Deleroke per's patro" Vederaring at p.	

(Approved by U. S. Census and American Public Health Association.)

laborer, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of ocwhatever, write None. to report For many occupations a single word or term on or At Home, and children, Farm laborer, Laborerwithout more precise specification as Day specifically the occupations of persons en-For persons who have no occupation -Coal mine, etc. Womnot gainfully em-

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (Recommendations on statement of cause of death approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shook," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homivide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); "Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic affection need not be etc. The contributory valvular heart Always qualify all Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Unne / Crundal	CERTIFICATE OF DEATH
	Registration Dist. No. 26
Village or City Alale (No.	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in
2FULL NAME TANK A JOH	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Abute Single, Married, Midowey OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 / I HEREBY CERTIFY, That I attended the deceased from
Swiknown, 1866	Mas 23 198/. to June 3 ,198/
(Month) (Day) (Year) 7 AGE (If LESS than	that I last saw ham alive on James 2 , 1921,
7 AGE    If LESS than   I day hrs.   I day hrs.   or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work Sulor relited 2 years (b) General nature of industry business, or establishment in	Chronie Rephrilis (Durstion) Unknown mos de
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary (Dugstion) yrs mos ds
10 NAME OF FATHER 11 BIRTHPLACE	(Signed) Ges I, Sepho M. D.
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER UNIVERSE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)	ients or Recent Residents) At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Basulah Phipps,	Former or usual residence
(Address) Churchton Md	Woodfield Cemelery June 4, 1931
Filed June 3 1981 Ges J. Dent M.D.	Appress Jalewille Galewille
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) whatever, write Nonc. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthworked on may form part of the second statement. Physician, Compositor, Architect, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocnner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material or At Home, and children, especially in industrial employments, it is neces-For many occupations a single word or term on npositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many not gainfully em-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shook," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important Example: Measles (disease and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid Recommendations on statement of cause of death causing death), 29 ds.; L. Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY ChronicCarcinoma, Sarcoma, etc., of chopneumonia (secondary), etc. affection need valvular Always qualify all The contributory heart disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH  County Im Orendel.	06720 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 2
Village or City Pardolena - (No	St.: Ward)  St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernal. White Single, Married, Wildowed, OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH  Oct. 1873, 1885	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw had alive on 1993,
7 AGE  45 yra. mos. odds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or our home.	Pulmonary Tuber culoses.
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) U yre
9 BIRTHPLACE (State or country) ann armaes Co. Med.	Contributory Secondary (Duration)  yrs
10 NAME OF Longe Ottertinis.	(Signed) Some S. Bellingsla. M. D.
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Laura Doris.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)  Maryland.	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Clarence Johnson.	Former or usual residence
(Address) Pasadens. My.	19 PLACE OF BURIAL ON REMOVAL DATE OF BURIAL DATE O
Filed Mars 19 1923 1 Frag L C. Frag The Registrar	20 UNDERTAKER ADDRESS Sing apoles,
If more blanks are needed, address State Registral	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emfulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseloborer, Farm loborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile fuctory. The material For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Doy For persons who have no occupation (a) the kind of work and also (b) the

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pheumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> as fracture of skull, and consequences (e.g., sepsis, approved by Committee on Nomenclature of the corbolic acid-probably suicide. The nature of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be American Medical Association.) Examples: Accidental drowning; Struck by railwoy train-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart diseose;

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PLACE OF	DEATH
	e arundel
0	

(122-8)

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. Village or City Uma (If death occurred in Ward) a hospital or institu-tion, give its NAME it stead of street and number.) PERSONAL AND STATISTICAL PARTICUL MEDICAL CERTIFICATE OF DEATH SSINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, WIDOWED. OR DIVORCED (Month) (Day) I HEREBY CERTIFY. That I attended the deceased from (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the dave stated above, at .. I day hrs. The CAUSE OF DEATH \* was as follows: 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE OF FATHER PARENT \*State the Disease Causing Death, of Violent Causes, state (1) Means of Injury in deaths from (State or country) and (2) Whether Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER ....yrs......mos. 2 ds. of death (State or Country) Where was disease contracted. if not at place of death?.. 14 THE ABOVE IS TRUE TO Former or usual residence. (Informant) 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS 15 Filed

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto. Requesting V. S. No. 1.

Jothean

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the dutics of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scruant, Cook household only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enfor many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature tctanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, American Medical Association.) Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuny State cause for which surgical operation was under-Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart Always qualify all disease;

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matjo

V. S. No. 1 N. B.

should state item of inforOCCUPA-

Y	STATE OF MARYLAND-	CERTIFICATE OF DEATH 06722
	1. PLACE OF DEATH	(3)
	County Anne Arundel	Registration Dist. No.
	Village or Cit Annapolis	No. 24 Brewer Ave
	Length of residence in city or town where death occurredyrs,mo	
	2. FULL NAME Mary Elizabeth Jones	
	(a) Residence: No. 24 Brewer Ave (Usual place of abode)	St., Ward.  If nonresident give city or town and State
HOW.2	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow	21. DATE OF DEATH  Month)  (Day)  (Year)
5a	If married, widowed, or divorced HUSBAND of (or) WIFE of Publish Thomas Jones	22.   HEREBY CERTIFY, That I ettended deceased from  March   1931, to June 10, 1931
_	DATE OF BIRTH (month, day, and year) Feby. 22 1857  AGE Years Months Days If LESS than 1 dey, hrs. or min.	THE ART CAUSE OF PEATH and I rested causes of importance
CUPATION	8. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None.  9. Industry or business in which	Date of onset
oceu	work was dona, as SILK MILL, SAW MILL, BANK, etc.  1D. Date decesed last worked at this occupation (month and spent in this year) occupation	
_	BIRTHPLACE (city or town) Ireland (State or country)	Other Contributory Canses of Importance:  Cr. Sufershiral Wigherites
HER	13. NAME Robert Holland	Tastini Delcroon
FATH	14. BIRTHPLACE (city or town) Ireland (State or country)	Name of operation Date of What test confirmed diegnosis? Was there an autopsy?
HER	15. MAIDEN NAME Anna Malavil	23. If death wes due to axternal causes (VIOL ENCE) fill in also the following:
MOTH	16. BIRTHPLACE (city or town)Ireland	Accident, suicIda, or homicIde?
17	(Address) Annapolis Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18	Burial, cremation, or removal Date June 13, 19.3	Menner of injury
19	O UNDERTAKER John M. Taylor (Address) Annapolis Md.	24. Was disease or Injury In any way related to occupation of deceased? The so, specify
20	FILEDMA 1 1931 Josephe. for Granter.	(Signed) John June M. C. (Address) Annapolis Inf.
	If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II			
The principal cause of deat of importance were as follows:	h and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of anset		
Arterioselerosis	The second second	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	BUREAUV	@ 1921	Run over by street car	1 week ago		
Cerebral hemorrhage		July5,1927	Peritonitis	3 days ago		
Other contributory causes	of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

infor 1. PLACE OF DEATH. Registration Dist. No. County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS ds. How long in U.S. if of foreign birth? \_\_\_\_\_yrs. \_\_\_\_mos.\_\_\_ Langth of residence in city or town where death occurred. 2. FULL NAME Ward (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED. OR DIVORCED (write the word) (Month) PERMANEN BINDING 54. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY That I attended deceased from (or) WIFE of M 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE Days If LESS than Years Months to heve occurred on the date stated above, at I day, \_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importance or .... min. were as follows 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc. MARGIN RESERVED may 9. Industry or business in which work was done, as SILK MILL, should SAW MILL, BANK, etc .... 10. Date deceased last worked at this occupation (month and 11. Total time (years) spant in this On that occupation year) \_\_\_\_\_ instructions Other Contributory Cause of importance 12. BIRTHPLACE (city or town) (State or country) supplied. N. C. FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis? should be carefully MOTHER important. 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of Injury\_\_\_\_\_\_\_ 19 DEATH 16. BIRTHPLACE (city or town) ... (State or country) Where did Injury occur?\_ (Specify eity or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE. 17. INFORMANT very OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury AUSE mation .Oate Nature of injury TION way related to occupation of deceased? 19. UNOERTAKER (Address) If so, specify (Signed)

FOR

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.

STATE OF MARYLAND-CERTIFICATE OF DEATH

(Oay)

(Year)

Oate of onset

Was thera an autopsy?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of dear of importance were as follo	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	JUL 8 1931	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	FURRAL	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

PLACE OF DEATH

County

STATE OF MARYLAND CERTIFICATE OF DEATH

(If death occurred in Ward) a hospital or institu-tion, give its NAME In-stead of street and number.)

MEDICAL CERTIFICATE OF DEATH Month) (Day) (Year) HEREBY CERTIFY, That I attended the deceased from and that death occurred on the date stated above, at ... was as follows:

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the

deaths from

If more branks are needed, address State Registrar, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Ilousewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons ention applies to each and every person, irrespective of cupation is very important, so that the relative health-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train Chronic interstitial nephritis, Whooping peritonaeum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Chronic etc. valvular heart The contributory Always qualify all Measles; disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return 'Laborer," "Forcman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housewhatever, write Nane. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully emyrs). without more precise specification as Duy For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "yphoid fever (never report "Typhoid Pneumonia"); "phare pneumonia, Bronchopneumonia ("Pneumonia,")

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If this certificate is looked over thoroughly and all questions snawered in defail, it will prevent further correspondence. A the data is, essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND County Chyna MM CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME is - stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. F OR DIVORCED (Write the word) (Month) ...(Day)\_\_\_\_ I HEREBY CERTIFY, That I stended the deceased 6 DATE OF BIRTH (Month) (Day) (Year) that I last saw hellalive on 7 AGE IIf LESS than and that death occurred on the date stated above, at I day hrs: The CAUSE OF DEATH \* was as follows: ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work a (b) General nature of industry business, or establishment in (Duration) \_\_\_\_yrs.....mos..... which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Seconday (State or country 11 BIRTHPLA CAUSI the Discase Causing Death, or, In deaths from ARENT Violent Causes, state (1) Means of Injury and (2) Whether (State or country) Accidental, Suicidal or Homleidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER 2 state CCUP/ ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death yrs mos ds. (State or Country) should ent of O Where was disesse contracted, if not at place of dea.h?.... usual residence (Informant) BURIAN OR REMOV If more blanks are needed, address tate Registrar 16 W. Sarafaga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the household only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomolive engineer, Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswho are engaged in the duties of the person, irrespective of

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1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 0679	7
1. PLACE OF DEATH	(46)	
County Chun Chundlel	Registration Dist. No. 27	
Village or City Cambrills	NoSt.,	Ward
Length of residence in city or town where death occurredyrsmas.	death occurred in a hospital or institution, give its NAME instead of street and number death.  ds. How long in U.S. il of foreign birth?yrsmos	
2. FULL NAME frances Congenue	Mackstedt	
(a) Residence: No. Sambrills AGC 24	St., Ward.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and S  MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	21. DATE OF DEATH	
Florale White OR DIVORCED (regrice the word)	(/	198 / (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lorus C Knackstedt	22. I HEREBY CERTIFY. That I attended of Mar. 1931, to June 3	
6. DATE OF BIRTH (month, day, end year) Supt 29th 1872	Hast saw her alive on June 30, 1931	
7. AGE Years Months Days II LESS than	to have occurred on the date stated above, at 6 2 m.	, 00011110
36 9 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Melanothie Sarcoma	Unknown
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	Lines	
SAW MILL, BANK, etc  O. Data deceased last worked et this occupation (month and year) occupation occupation		
A 1 1: 2-11	Other Contributory Causes of importance	6 mo
12. BIRTHPLACE (city or town) Unautifeed (State or country)	Depuny	6 mo.
13. NAME Charles & Helberd	- 1 A-	
13. NAME Charles of Helberd  14. BIRTHPLACE (city or town) Q. Q. Ce. 24/d.	Name al operation Japanolamy Date of	71/0m 193
(State or country)	What test confirmed diegnosis? Beaban Was there an au	Hopsy?_Me
15. MAIDEN NAME Coma May Hinds	23. If death was due to external causes (VIOL ENCE) fill in elso the following:	
15. MAIDEN NAME Unita May Hunds 16. BIRTHPLACE (city or town) G. G. L. 24d.  (State or country)	Accident, suicide, or homicide? Date of injury  Where did injury occur?	, 19
17. INFORMANT Clara Jaylor	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	OE.
(Address) Gambrills (1. Q. Co. Mid. 18. BURIAL CREMATION, OR REMOVAL		**
Place Umapolio Dete July 2, 1931	Manner of injury	
19. UNDERTAKER John May Con (Address) Connahalis Mil.	24. Was disease or injury in any way related to occupation of deceased?	no
20. FILEDOLLY 1 1931 France C. 9 - 20	(Signed) Jen Martin	M. D.
Registrar.	(Address) - Land Jan Ma Mar	7.:

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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		46			
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FOR BINDING

V. S. No. 1

0	C	2	2	F.
U	U	4	-	)

1. PLACE OF DEATH		(\$3)				
County Anne Arundel		Registration Dist. No.				
Village or City Crownsvill	e State Hospi	tal <sub>No.</sub> st.	Ward			
	(1	f death occurred in a hospital or institution, give its NAME instead of street and nur	nber)			
		s	ds.			
2. FULL NAME John	Manning					
(a) Residence: No. Baltimor						
	(Usual place of abode)	If nonresident give city or town and St	ate			
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH				
	SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Married	21. DATE OF DEATH  Tune 5th  (Month) (Day)	193. ] (Year)			
5a. If married, widowed, or divorced HUSBAND of		22. I HEREBY CERTIFY. That I attended de				
(or) WIFE of Husband of	Plossie Mann	ing Apr. 28th 1930 to June 5th				
	ale a sum	I last saw h im alive on June 5th 19 31,				
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 4	169tii 12 38iu			
41 ?	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance				
8. Trade, profession, or particular	ormin.	were as follows: General Paralysis of the	Data of onset			
tier of the contractor	evedore		0			
9. Industry or business in which		Insane				
work was done, es SILK MILL, SAW MILL, BANK, etc	1					
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation					
12. BIRTHPLACE (city or town) Sou	th Carolina	Other Coutributory Causes of Importance:Syphilis	?			
	Teffries					
E South C	arolina	Non-of-contine BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB				
14. BIRTHPLACE (city or town) South 11 (Stete or country)	0.000	Name of operation Date of Date of What test confirmed diagnosis? Laboratory Westhere an eutopsy?				
	Manning	23. If death was due to external causes (VIOL ENCE) fill in also the following:	орзу?			
South	Carolina	Accident, suicide, or homicide? Date of Injury.	19			
O 16. BIRTHPLACE (city er town)		Where did Injury occur?	, 10			
Hospital Re	cords	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLAC	F			
17. INFORMANT GOODS CONTROL INC.		open, makin injury occurred in the service, in the service terms	-			
18. BURIAL, CREMATION, OR REMOVAL	11. 2	Manner of injury				
Plage 100 ph. Suelary	Date	Nature of injury				
S. R. P. CO.	lerode Suph	24. Was disease or Injury in any way related to occupation of deceased?				
19. UNDERTAKER (Address)	string hid	If so, specify A A A A A A A A A A A A A A A A A A A				
20, FILED UNL 9, 13/1	Dog Registrar	(Signed) Crownsville, Maryl	M. D.			
	Meginiai.	The state of the s	at right distance or or or or			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BORRAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

or- tre	STATE OF MARYLAND—	CERTIFICATE OF DEATH 06729
sts UP	1. PLACE OF DEATH	106-2
of	County le que la	Registration Dist. No.
should of OCC	Village or City And Well .	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
. ref.	Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmos, ds
Every CIANS tement	2. FULL NAME alles Louis	- Martin
/ · H =	(a) Residence: No. Abulinace.	St., Ward.
Jehn .	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
CO PII Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
L X	Feloulle (of OR DIVORCED (write the word)	(Month) (Oay) (Year)
MANE ACT assified	5all If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
No.	6. DATE OF BIRTH (month, day, end year) March 18 - 25	
IS A PE stated E properly certificate	7. AGE Years Months Oays If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, atm  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
IS IS oc stance pro	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Stath was caused 4 acute Porruguitio
HH I	9. Industry or business in which	was not-Tuberellous
should it may in back	SAW MILL, BANK, etc	Duration one week
AGE that	year) occupation occupation	Other Contributory Chases of importance:
NFADING plied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) (State or country)	cuty - mod
UNFA upplied terms, instr	13. NAME Demy martin	
	13. NAME 14. BIRTHPLACE (city or town) Rules	Name of operation
S tal	(State or country)	What test confirmed diagnosis? Wes there an autopsy?
W efu in ant	15. MAIOEN NAME  16. BIRTHPLACE (city or town). R. U	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?, 19
	State of Country)  17. INFORMANT On a Marian	Where did injury occur?
Should OF D.	(Address) A Com CP MC	
E E E . A	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
-WRITE mation s CAUSE TION is	19. UNOERTAKER DOUGE NEED A	24. Was disease or injury in any way related to occupation of deceased?
T	20. FILED Jun / 8 , 193 / Fray 6 C. For a now	(Signed) John Wanderson J.P. acles as Coroner M.
	Registrar.	(Address) Limapollo 1 Max

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gasiroenteritis	1 year	

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully embusiness, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Doy laborer, Form loborer, Loborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemoid, etc. If the occupation has been changed. Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Physician, Compositor, Architect, Locomotive engineer, Foreman, (b) Automobile foctory. The material For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation 6 Grocery

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ( fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY or intercurrent) Chronic Example: Measles (disease etc. The contributory affection volvular heart need "Shock," disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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If more branks are needed, addre. Ltate Kegist ar

PLACE OF DEATH

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No. 23

(If death occurred in a hospital or institution, give its NAME in-

Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicldal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

16 W. Saratoga St., Balto., Requesting V.

te change og : 10/13/3, Renaude " In outhoughten

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cooks Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material ," etc., report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day (b)

Statement of Cause of Death—Name, first, the DISEA. ECAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever. (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." \*American Medical Association.) atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcona, etc., of ........ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; approved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJULY Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## RESERVED Every Item of information should be carefully s CIANS should state CAUSE OF DEATH in plain statement of OCCUPATION Is very important. So MARGIN WRITE PL

PLACE	E (	)F	D	EAT	H		
County	A	nn	e	Ar	un	de	1



## STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist, No. 2/
Village or City Manhattan Beacino.  2FULL NAMEF. Donald McCarthey	St.: Ward) (If death occurred Ir a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH , 192 , 192 , 192 , 1931 (Year) , 1931 (Y
8 DATE OF BIRTH  April 3, 1913  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE    If LESS the   day he   day he	s. The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  11 BIRTHPLACE OF FATHER	(Signed) (Si
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs ds. State yrs mos ds.  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 4/27 January A Curry Registrar	C.V. Lemmon Baltimere, Md

If more blanks are needed, addrass State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, the first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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19. UNDERTAKER

20. FILENTICE

2 Z 193/

should state

of infor-

item

STATE C	F MARYLAND—	CERTIFICATE OF DEATH 06734
County Anne Arunde	1	Registration Dist. No.
ovunty	lle State Mosni	
	— (If	death occurred in a hospital or institution, give its NAME instead of street and number)  26 ds. How long In U.S. if of foreign birth?yrsmosds.
	George A. Mid	
2. FULL NAME		
(a) Residence: No. 158	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE black	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (garite the word)	21. DATE OF DEATH  June 21st (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of		July 24th 27 June 21st 19 31
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than 1 dey, hrs.	I last saw h im alive on June 21st ,1931; death is said to have occurred on the data stated above, at 5 P m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	None.	Tubercular lymph adenitis of Data of one cervical and facial regions 1 mo.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc		
10. Date deceased lest worked at this occupation (month end year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town)(Stata or country)	Maryland	Other Contributory Causes of Importance:
Edward	liddleton	
13. NAME EQWARD  14. BIRTHPLACE (city or town) [13]  (State or country)	rland	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME Ida Chas	se	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Ida Chas  16. BIRTHPLACE (city or town)  (Stete or country)	yland	Accident, sulcide, or homicida?
17. INFORMANT Hospital I	lecords	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place MT: LUBUM EMO	Expansione 2 5, 1931	Manner of injury
m. w) L(	0 /11 /1/	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	County Village or City	A. A. Annapo	lis,		Registration Dist. No. 21 No. 31 Jefferson St.,	W
	Length of residence in	city or town where	death occurred	22 yrs. mos	f death occurred in a bospital or institution, give its NAME instead of street and n  s. ds. How long in U.S. if of foreign birth?	amber)
	(a) Residence No.	The second secon	I. Hor ferson (Usual place		St., Ward.  If nonresident give city or town and	State
ACCORD	PERSONAL A	ND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
	B S	LOR OR RACE		RRIED, WIDOWED,	21. DATE OF DEATH June 2-9 (Oay)	193. <b>J</b> (Year
5a.	If married, widowed, or di HUSBANO of (or) WIFE of Be	vorced njamin J	. Norfo	lk,	22. MI HEREBY CERTIFY That I attended of	aceased
	DATE OF BIRTH (month, c	day, and year) Ju	Days	1856  If LESS than 1 day,hrs.	to have occurred on the date stated above, at 7 Pm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance	death is
CHATION	8. Trade, profession, or kind of work don SAWYER, BOOKK 9. Industry or business work was done, a SAW MILL, BANK	e, as SPINNER, EEPER, etc	2 Touse Wi	fe	acut men in jites	June 28/
			1			1
_	10. Date deceased last we this occupation (nyear)	nonth and	spe	time (years) ent in this upation ryland	Other Coutributory Causes of importance:	
12.	this occupation (n year)	n)A	spe oes Co I a	ent in this upation	Other Contributory Causes of importance:	Just
	this occupation (nyear)  BIRTHPLACE (city or tow (State or country)  13. NAME  W  14. BIRTHPLACE (city or	n)	spe osc . Co l'a	er in this expation	Frankal fin us infectione Cr. Ohh; Midra Rt on.  Name of operation. Oate of.	Jus
HER FATHER N	this occupation (nyear)  BIRTHPLACE (city or tow (State or country)  13. NAME  14. BIRTHPLACE (city or (State or country)  15. MAIOEN NAME	ilson Catown) A. A	co Ma	ryland  faryland	frontal fin us infection.	
MOTHER FATHER	this occupation (nyear)  BIRTHPLACE (city or tow (State or country)  13. NAME  14. BIRTHPLACE (city or (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or (State or country)  INFORMANT Renj	ilson Catown) A.	. Co Marr A. Co. Marr A. Co. Morfolk	ryland  faryland  Maryland	Frankal frie us engelsee  - Cr - Obh; Mulia Rt 520.  Name of operation	, 19
MOTHER FATHER	this occupation (nyear)  BIRTHPLACE (city or tow (State or country)  13. NAME  14. BIRTHPLACE (city or (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or (State or country)  INFORMANT Renj	ilson Cz town) A. A town) A. A town) A. A amin J. napolis	. Co Marr A. Co. Marr A. Co. Morfolk	ryland  faryland  Maryland	Name of operation.  What test confirmed diagnosis?  Accident, sulcide, or homicide?  Where did Injury occur?  (Specify city or hown, county and State	, 19

STATE OF MARYLAND—CERTIFICATE OF DEATH 06735

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, mackinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of conset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		* * *	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Λ	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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No

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	06736
PLACE OF DEATH	STATE OF MARYLAND
County. A- A	© CERTIFICATE OF DEATH
hear- 1	Registration Dist. No. 22
Village or City SUP (No (No Uo	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 28, 1923/ (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
June 28:1936	192 . to, 192,
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE   If LESS than	and that death occurred on the date stated above, at
O yrs. O mos. O ds. or min.?	The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or	Still-born
particular kind of work	40, 10, 10, 10, 10, 10, 10, 10, 10, 10, 1
(b) General nature of industry business, or establishment in	
Owhich employed or (employer)	(Durstion)yrs, mosds,
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) A Secondary ds.
10 NAME OF FATHER AS A D MANAGERA	(Signed) J March Hapleryp.
U 11 BIRTHPLACE	6 /2 1/23 (Address) tavog, Uld
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Elizabeth hecher	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trunsfients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
week Nowicki	Former or usual residence
(Address Hauvuer, lud.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed une 28 198/ Wara he Harlief	20 UNDERTAKER LUNG ADDRESS

If mora b.anks are needed, addre.s Ltate Registrar, 18 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quessary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specimeavour as laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekcepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Foreman, For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many (b) Automobile factory. The materia For persons who have no occupation Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); sinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

st\_ted unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Whooping cough; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by (Recommendations on statement of cause of death lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Chronic etc. The contributory valvular Always qualify all heart disease; not be

If this certificate is looked over thoroughly and a'l questions and wered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

nfor- state JPA-	STATE OF MARYLA	ND-CERTIFICATE OF DEA	ATH 06737
	1. PLACE OF DEATH	95-8	
of 1 of	County Chune Chundel	Registration	Dist. No.
item of should of OCC	Village or City White Hull	No.	St., Ward
	Length of residence in city or town where death occurred_/yrs.	(If death occurred in a hospital or institution, give its NAN  ds. How long in U.S. if of foreign birth?	VIE instead of street and number) yrsmosds.
N SEE SEE	2. FULL NAME William )	H. Oliver	/
SICI taten	(a) Residence: No. 5653 24ass (	Que St., Ward. Wash	unglos , D.
E Y S	(Usual place of abode		nt give ty or town and State
PI PI Exact	PERSONAL AND STATISTICAL PARTICULA  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, W		E OP DEATH
LY.	Wale While OR DIVORDE Widow	the word)	(0ar) 198 (vear)
BINDING PERMANEN E X A C T I y classified.	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	ever 22. I HEREBY CERTIF	Y, That I attended deceased from
RM cla	Mills 7th	10 to	
B PE E	6. DATE OF BIRTH (month, day, and year) / May 7. AGE Years Months Days III		; death is said
FOR E IS A PI stated I properly certificate	01 1 20 1 day	hrs. The PRINCIPAL CAUSE OF DEATH and related cau	
S IS sti	8 Trade profession or particular	were as follows:	Date of onset
HH e e	kind of work done, as SPINNER, getural SAWYER, BOOKKEEPER, etc.	Exart Lisease	Suchdenly
ERV hould may back	9. Industry or business in which work was done, as SILK MILL, Gov. Establish SAW MILL, BANK, etc.  10. Oate deceased last worked at 11 Total time (year	arple	
S Z S H	10. Oate deceased last worked at this occupation (month and spent in this	6	
RE ING I	year) occupation	Other Contributory Causes of importance:	
First 1 tree	12. BIRTHPLACE (city or town) Qaller	· Ufel	
ARGIN UNFADI pplied. terms, se instruct			
o tud	14. BIRTHPLACE (city or town) Mulescown	Name of operation	Oate of
	(State or country)	What lest confirmed diagnosis?	
wefully in pla	15. MAIDEN NAME Frances Relle	23. If death was due to external causes (VIOLENCE)	
24	5 16. BIRTHPLACE (city or town) / Dallo. Lya	Accident, suicide, or homicide?	_ Date of injury, 19
AINLY, d be can DEATH	(State or country)	Where did injury occur?	or town, county and State)
A DI O	17, INFORMANT Mus Clitters Carl (Address) 5053 24ass. Que Washing	Specify whether injury occurred in INOUSTRY, in H	IOME, or in PUBLIC PLACE.
E PI shou E OF is ver	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
EIT ion JSE N i	Place Ballessene Oate July !	Nature of injury	
WRITE mation s CAUSE TION is	19. UNDERTAKER John Up Day les	24. Was disease or injury in any way related to occu	pation of deceased?
1	(Address) ( Charaptolis 24)	If so, specify	franklate tomas
	20. FILE 1 1931 fray 6 e fr	Co Take (Signed) (Address) AMILIA	In May well
	The state of the s	tate Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. N.	0. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JUL 6 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	EURE E V. B.	July 5,1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

/	XACT	ciase	ate.	
	ted E	periy	ertific	
•	stat	e pro	of ce	
•	q	d /	S	
	N. B. Telery item of information should be carefully supplied. ACE should be stated EXACT	CLANS should state CAUSE OF DEATH in plain terms so that it may be properly class	statement of OCCUPATION is very important. See instructions on back of certificate.	
	ACE :	that	tions	
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	18/	in	Se	ľ
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PLACE	OF DEATH
County	Anne Arundel



## STATE OF MARYLAND CERTIFICATE OF DEATH

			Kegistration	Dist. No. Z.1
	ity Coast Guard	Depot ry Allen Owen, J	St.: War	d) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERS	ONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
male	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCEDSINGLE (Write the word)	16 DATE OF DEATH  June  (Month)	
6 DATE OF R	Februa (Month		17 I HEREBY CERTIFY, That I a	ttendad the deceased from, 192,
7 AGE	28yrs. 4	If LESS than I day hrs.	The CAUSE OF DEATH * was as follows:	
(b) General business, or which empl	nature of industry restablishment in oyed or (employer)  Country)  Martin,		(Signed)	
[2]	THER BANE	ks Co., La.	*State the Disease Causing Deat Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	n, or, in deaths from Injury and (2) Whether
13 BIRTH OF MO (State	THER OT COUNTRY)	ine Co. In	ients or Recent Residents)  At place In to of death yrs	ne ateds.
	tt. H. Les		if not at place of death?	
	dress) Coast Gu		Arlington, Va.	6-20 , 19 3I
Filed 6	6-14 <sub>19</sub> 31 ×	.a. Dreig w	PO UNDERTAKER Stifler	ADDRESS Baltimore

(Approved by U. S. Census and American Public Health Association.)

laborer, Spinner, (b) Cotton mill; (o) Salesman, (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servont, Cook ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons enen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, household only (not paid Housekeepers who receive a For many occupations a Form laborer, Laborer-Cool mine, etc. Womyrs). without more precise specification as Doy For persons who have no occupation single word or term on material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) unqualified, is indefinite); Tuberculosis of lungs, meninges, pertlonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HONICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicacnia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; use of "Tumor" Recommendations on statement of cause of State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railwoy train-"Atrophy," "Collapse," "Coma," "Convulsions, ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as by Committee on or intercurrent) affection need not be for malignant neoplasms); Chronic Example: Measles (disease etc. The contributory volvular heart disease; Nomenclature Measles;

If this certificate is looked over thoroughly and a'll questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is apermanently filed.

should state CORD. Every item of infor-Exact statement of PHYSICIANS mation should be carefully supplied. AGE should be stated EXACTLY. UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED W. B. WRITE PLAINLY, W. V. S. No. 1

OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3D) 06739
County W. U-Co.	Registration Dist. No. /
Village or City Connapoles	No. Comment / tops of ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. 14 of foreign in 11h?
1 La M	
(a) Residence: No. 25 61 Buin	St., Ward.
(d) Nesidebre, 110. (Usual place of abode)	If nonresident give city or town and State
PERS PNAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Oay)  (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of elique Janoball.	22. HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Unknown	I last saw h www alive on were 4, 19 %; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7.30 Q_m.
5 21.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trade, profession, or particular	01. 84.0
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Olstenoseleign Cardio- lunhun
9. Industry or business in which work wes done, es SILK MILL,	Vascular alseone
SAW MILL, BANK, etc.  10. Date decesed last worked et this occupation (month and yeer)  yeer)  spent in this accupation.	
) Los Charles	Other Contributory Lauses of importance:
12. BIRTHPLACE (city or town) (State or country)	1) Justuse regulars mails
	1-1
E	Name of operation Oate of
14. BIRTHPLACE (city or town) (State or country)	Whet test confirmed diagnosis?
15. MAIDEN NAME Vancy Prenn .	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Name Parcy Greaty  16. BIRTHPLACE (city or town) Itapachypli.	Accident, suicide, or homicide?
S (State or country)	Where did injury occur?
17 INFORMANT Elma, Ramfella.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE,
17. INFORMANT (Address) 2 9 01 Bring (seef)	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place During Vely Date Here 1, 19.3)	Neture of injury
19. UNOERTAKER STOOL HISTORY FT.	24. Wes disease or injury In any way related to occupation of deceased?
(Address) 32) horthurst A.	If so, specify
20. FILED SEE 7 , 1931 Fray 6 c. Jan Co Track	(Signed) MAN D. (Address) MAN D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I  The principal cause of death and related causes of importance were as follows:		Example II		
		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	lill a	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAUTRI	July 5, 1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastrocnteritis	1 year

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ONIONIO

MARGIN

### STATE OF MARYLAND CERTIFICATE OF DEATH

County	Registration Dist. No. 23
Village or City Hanover (No. ).	Reynolds  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
7 28 , 1866 (Month) (Day) , (Year)	that I last saw h Am alive on June 21 , 1981
If LESS than 1 day, hrs. or mos. 28 ds. or min.?	and that death occurred on the date stated above, at 4 Pm The CAUSE OF DEATH * was as follows:
particular kind of work  (b) General nature of lodustry business, or ostabilishment in which employed (or employer)  BIRTHPLACE (State or country)  Mary Caud	Contributory Arteria Sclarge & Chronice Secondary Suterial tel religion: 3 yrs. mos.
10 NAME OF FATHER Michael Reynolds  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	(Signed) Shap P. Belson M.  - (Signed) 1881 (Address) 2 NH-Um SI Ballo  *State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of Mother Catherine Trey  13 BIRTHPLACE OF MOTHER (State or country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  14 The Above Is True TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)  At place In the of death yrs. mes. ds. State, yre. mos. d  Where was disease contracted, if not at place of death?  Former or usual residence
16 Filed 6-22-31, 19 Caldwell Woodwell	19 PLACE OF BURIAL OR REMOVAL  Of Cleagestine Country  20 UNDERTAKER  OF BURIAL  ADDRESS  Bold Wed  Balt 446

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. If retired from write None. or given up on account of the DISEASE CAUSING DEATH, engaged in domestie service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseof the second statement. Never return "Taborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer Housemaid, etc. the duties of the household only (not paid Housekeepers mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, ctc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, various pursuits can be known. The question The material worked on may form part If the occupation has been changed (b) Auto-

Statement of Cause of Death—Name, first, the DISTABLE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia") unqualified, is indefinite); Tuberculosis of lungs, menua-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver state MEANS OF INJURY and qualify as ACCIDENTAL, birth to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracinia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... or miscarriage The nature of the injury, as fracture of skull, The contributory (secondary or intercuras "PUERPERAL septichaemia," Never report mere wound

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	HER WELL TO SER	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	Second -	July 5,1927	Peritonitis .	3 days ago	
	+				
Other contributory causes o	f importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

AD	DITIONAL SPACE FOR	FURTHER STATEMEN	TS BY PHYSICIAN	

PLACE OF DEATH STATE OF MARYLAND anne areas CERTIFICATE OF DEATH Registration Dist. No. 21 (If death occurred in Ward) a hospital or institucertificate tion, give its NAME is number.) proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. COLOR OR RACE 16 DATE OF DEATH MARRIED may be n back WIDOWED. NIONIA OR DIVORCED (Write the word) onid (Month) I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH that alive on (Day) (Year) (Month) 0 7 AGE IIfLESS than and that death occurred on the date stated above, ! day hrs. The CAUSE OF DEATH \* was as follows: terms Chronic bronchitis & pulmonary ERVED min.? emphysema B OCCUPATION (a) Trade, profession or particular kind of work about plai S (b) General nature of industry business, or establishment in (Duration) 2 rta which employed or (employer) I MARGIN 9 BIRTHPLACE Secondary (State or country) 04 (Duration) OG 10 NAME OF (Signed) 31 S O S 6-I Pasadena. 11 BIRTHPLACE OF FATHER \*State the Disease Causing Death, or, in SO Z Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. CAU (State or country) 12 MAIDEN NAME 00 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, 4 OF MOTHER inform state CCUP/ ients or Recent Residents) CCUR 13 BIRTHPLACE In the At place OF MOTHER of death ... (State or country) 0 7 Where was disesse contracted, Jo 1 if not at place of death? of item Every item CIANS sho statement usual residence No. 1

If more blanks are needed, address ttate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The queswhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH guged in domestic service for wages, as Scruant, Cook household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enen at home, who are engaged in the duties of the Physician, cupation is very important, so that the relative healthneer, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs. For persons who have no occupation Farm laborer, without more precise specification as Day Compositor, Architect, Locomotive Laborer-Coal minc, etc. Womengineer,

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic ccrebroed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-EACT CAUSING DEATH (the primary affection with respect Lobar pneumonia, Bronchopneumonia ("Pneumonia,

> telanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease approved by (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid - probably suicide. The nature of tho injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Cougenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) Examples: Accidental drowning; Struck by railway train can be ascertained as the cause. unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; Committee on Chronic affection need etc. valvular Nomenclature of the The contributory Always qualify all heart not be disease ;

RECEIVED data is essential and must be obtained before the certificate answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all quistions

permanently filed.

V. S. No. 1

Z Z

PLACE OF DEATH	06743 STATE OF MARYLAND
County a-u-	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Tarole (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 20, 1923/
6 DATE OF BIRTH  May 30, 1-	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Dsy) (Yesr)	that I last saw halive on, 192,
7 AGE  If LESS than I day hrs. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. 6 mos. ds.
9 BIRTHPLACE (State or country) My Zion a-a-co ind	Contributory Secondary  (Duration)
10 NAME OF Robert Chrw	(Signed) John aulenvu J. P. astin es corone M. D.
State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Nancy Johnson.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Md.	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Charles (haw	Former or usual residence
(Address) Parola Mid	Brawshull ( quel 6 23, 19.31
15 Filed 1 2 2 1923 / 7 2 6 6 . Trace 9	& H13 Larker 47 Washington
If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Colton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, should be used only when needed. As examples: (a) Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (a) the kind of work and also (b) the (6) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol...... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." "(Inanition," "Marasmus," "Old Age," "Shock," "Vraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropey, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular Always qualify all heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Year)

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Military 1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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state

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week aga
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
(A)	A		
Other contributory causes of importance:	W. Child	Other contributory causes of importance:	
Gallstones	May 1 923	Gastroenteritis	1 year
10	X /		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Correction of "Length of residence in city or town where death occurred" under item #1

authorized July 3. 1931. by letter filed under "Dr. J. Willis Martin".

PHYSI-	PLACE OF DEATH County Cerus Chemdel	STATE OF MARYLAND CERTIFICATE OF DEATH
EXACTEY, 1y classified	Village or City Severas /21/6 (No	Registration Dist. No. 2 3  St.: Ward)  St.: Ward)  (If death occurred in a hospital or institution, give its NAME is stead of street an number.)
ted operation	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RMAN Tould be stammay be pro	Jewel, Whit Single, Married, Wildowsh, OR DIVORGED (Write the word)	(Month) (Day) (Year)
IS A PE  IS A ACE sh  so that it	7 AGE (Month) (Day) (Year)  7 AGE   If LESS the liday has been dependent on the liday of the lid	an and that death occurred on the date stated above, at 130 pm
ADING INKTHIS carefully supplied ATH in plain terms mportant. See inst	yrs. mos. ds. or mir  B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  Maryland	
MCLY, TH UNF information should b state CAUSE OF DE	10 NAME OF FATHER Daniel Felle.  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Sure M. Pross.  13 BIRTHPLACE	(Signed)
BEvery item of inf	(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)	At place of death wrs
-	If your humbs are meeted address State Regist	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; i cupation is very important, so that the relative healthgaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the sary to know household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. r," etc., report specifically the occupations of persons en-Foreman, or At Home, and children, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia (a) the kind of work and also (b) the not gainfully em-Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. inges, peritonaqum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Recommendations on statement of cause of death unqualified, is indefinite); Tuberculosis of lungs, men-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Committee on Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

should state

M OCCUPA-

1. PLACE C	F DEATH		MAR	I LAND			1	748
		wrsvil			death occurred in a hospital or institution of the death occurred in a hospital occ		St,	
2. FULL N	AME	4	lice	Thompson				
(a) Reside	ence: No.	Cher	les G	ounty of abode)	St., Ward.	lf nonresident g	ive city or town and	State
8	NAL AND S	TATISTIC	AL PART	ICULARS	MEDICAL	CERTIFICATE	OF DEATH	
J. SEX Temale	4. COLOR OR	RACE 5.	SINGLE, MAR OR DIVORCE W100	RRIED, WIDOWED, ID (write the word) We a	June 22:	_	(Day)	, 193 1 (Year)
5a. If married, wide HUSBANO of (or) WIFE of	owed, or divorced	nkno wr		/	22. I HEREB July 19		une 22nd	daceased from
6. DATE OF BIRTH	I (month, day, and )	year)	876		I last saw h_er_alive on	June 22n		; death is said
7. AGE Y	ears 55	Months	Days	If LESS than I day,hrs. ormin.	to have occurred on the date sta The PRINCIPAL CAUSE OF DE- were as follows:			Oate of onset
8. Trade, proliting of SAWYE 9. Industry on work w SAW M 10. Oata deces	fession, or particule work done, as SPI R, BOOKKEEPER, e business in which as done, as SILK N ILL, BANK, etc	or INNER, tc	Dom	estic	Chronic Int Nephritis	erstitiel	•	1½yrs
this occ	sed last worked at supation (month and	t d	11. Total spe	time (years) nt in this upation			*******	
12. BIRTHPLACE ( (Stata or co		Maryla	nd		Other Contributory Causes of im Senile dem	entia entia		2 yrs
13. NAME	Berr	nard Ja	ckson	, dead				
(State	CE (city or town) or country)	Maryla	nd		Name of operation			
	CE (city or town) or country)	Mily a		son, dead	23. If death was due to external c Accident, suicide, or homicida? Where did Injury occur?	0	ate of Injury	, 19
17. INFORMANT (Address)	Host Croi		lecord e Ma		Specify whether injury occurred	(Specify city or to in INOUSTRY, in HON	own, county and Stat NE, or In PUBLIC PL	e) ACE,
18. BURIAL, CREM	ATION, OR REMOV	Alend	bale (	/ £ x. 1931	Manner of injury			
19. UNOERTAKER (Address)	J- R. P. M	lester	The Part of the Pa	ept.	24. Was diseaso er injury in any If so, specify	way related to occupa	tion of deceased?	3 m.b.
20. FILEO. 12-	7, 19	Q.	18	Registrar.	(Aldress) Crow	nsv.lle.	Maryland	7

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis '	3 days ago
RUNEAU			
Other contributory causes of importance:	× 100	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

should state BCCUPA-

Jo

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 06749	
1. PLACE OF DEATH		N7-a	
County Anne Arundel		Registration Dist. No.	
Village or City Crown Sv	ville State Ho	St, death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
Length of residence in city or town where death	(If	death occurred in a hospital or institution, give its NAME instead of street and number)  1 ds. How long in U.S. if of foraign birth?	ds.
Tolum	Washington		
		Ot Ward	
(a) Residence: No. Bratimore	(Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male black o	INGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  June Sthm (Day) (Ya	1
5a. If married, widowed, or divorced			d from
(or) *   Sallie Washi	ngton	22. I HEREBY CERTIFY. That I attended deceased lay 28th 1931, to June 8th 19	
C DATE OF BIDTH (month day and year)	1874	Hast saw h im aliva on June 8th 19 31; death	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 6: 40P pm.	
o 57? ?	? I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance	
8. Trade, profession, or particular		Broncho pneumonia	lonset
kind of work done, as SPINNER SAWYER, BOOKKEEPER, atd EDOLE	<u>r</u>	hou	rs.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
10. Data dacaasad last worked at this occupation (month and year)	I1. Totel time (yaers) spent in this oscupation		
12. BIRTHPLACE (city or town) Meryle) (State or country)		Other Cantributory Causes of Importance:	
13. NAME Unknown			
13. NAME Unknown  14. BIRTHPLACE (city or town) Unknown	Nn	Name of operation Dete of	
(Stata or country)		Whet test confirmed diagnosis?	
15. MAIDEN NAME Unknow	wn	23. If death was due to extarnal causes (VIDLENCE) fill in also tha following:	
16. BIRTHPLACE (city or town)	known	Accident, sulside, or homicide?	
17. INFORMANT Hospital Reco	ords e. Kar <i>v</i> land	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION OF REMOVAL Place M. Duburn Pere	He 6-12-31	Manner of Injury	
00 0. 101	1 Dags	Natura of injúry	
19. UNDERTAKER TO COMPANY		24. Wes disease or injury in any way related to opposition of dageased?	
(Address) 3/4%.	The state of the s	If so, (specify (Six and a specify )	M. D.
20. FILED LENG 4 1931	J. J. Ware	Charles and 3 3	m. w.

If more blanks are needed, hidden State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," ."worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill,"-etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Perilonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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	(1)	onio
	WRITE PLALY ITH UNFADING INK-THIS IS A PERMAN'N	Item of Information should be carefully supplied. ACE should be sits should state CAUSE OF DEATH in plain terms so that it may be p
	VR	S

V. S. No. 1

PLACE OF DEATH County	()6751) STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 22  St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE.  MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Day)  (Day)  17  I HEREBY CERTIFY, That I attended the deserted from
(Month) (Day) (Year)	that I last saw he alive on June 10 1923 ,
7 AGE 29 yrs. 2 mos. 25 ds. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
(a) Trade, profession or barticular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Muliary Duberculosis.  (Duration) yrs. 6, mos. ds.
State or country)	Contributory Secondary  ADuration A yrs. mos. ds.
10 NAME OF FATHER  Wesley Hammond  11 BIRTHPLACE OF FATHER (State or country)  W	(Signed) M. D.  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Way Fambell	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of deathyrsnosds. Stateyrsnosds.
(Address) Harman's, Jul.	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  St. Marks, Harmans, Md 6 13, 131.
Filed well 193/ Olara M. Casia. Registrar	Same Hamsley Salls, My.  16 W. Saratoga St., Balto., Requesting V. S. No. 1.
it more planks are needed, address State Registrar	To see mercenta meet marroad scalingaring

(Approved by U. S. Census and American Public Health Association.)

ployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., Without more process of the laborer, Farm laborer, Laborer—Coal minc, etc. Womadditional line is provided for the latter statement; it whatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Foreman, For many occupations a single word or term on or At Home, and children, yrs). Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed not gainfully em-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> American Medical Association.) approved by telanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," stated unless important Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptominges, perilonaeum, etc., Carcinoma, Sarcoma, etc., o (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. causing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Nomenclature Chronicchopneumonia (secondary), etc. affection need valvular heart Always qualify all The contributory not be disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained hefore the certificate is permanently filed.

193

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PHYSI-

PLACE	OF	DEATH
ounty Ar	me	Arundel



06751

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 27

Village	or	CityFt.George G.Meade	(No
---------	----	-----------------------	-----

Station Hospital

St.: Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

	<sup>2</sup> FULL NAM	E HOW.	ARD J. WE	EATON
	PERSONAL AN	D STATIST	CAL PARTI	CULARS
Male White Single, Married Widowed.  White Widowed.  OR DIVORCED (Write the word)				
6 I	DATE OF BIRTH	4		
	Sep	tember (Month)		, 1878 (Year)
7 8	.GE 52	vre 9	mos. 11	If LESS than
( p	occupation  a) Trade, profession  articular kind of wor  b) General nature of  usiness, or establishm  which employed or (en	industry	Motorma B&A ERR	n
9 E	(State or country)	New '	York	
	1D NAME OF FATHER	Howard WI	neaton	
NTS	11 BIRTHPLACE OF FATHER (State or country)	New Yo	rk	
PARENTS	12 MAIDEN NAME OF MOTHER	Hannah	Price	
	13 BIRTHPLACE OF MOTHER (State or Country)	New You	rk	
4	THE ABOVE IS TRUE	TO THE BEST	OF MY KNO	WLEDGE
(	(Informant) Elle	n C. Whee	aton,	
	(Address) Od	enton, Mo	1.	- ,
15	Filed June 25	19237	OF CHICA	ily'

H.H. BAILY Col . M.Cista'A

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH  June 25,	, 1981
17 I HEREBY CERTIFY, That I at	
June 24 1931 to Jun	
that I last saw him alive on June 2	
and that death occurred on the date state. The CAUSE OF DEATH * was as follows: Cerebral hemorrhage.	d above, at 2:15. A.m.
6	hours.
(Duration)	
Contributory Arteriosclerosis Secondary unknow	n.
(Signed). Eli E. Brown, Major June 25 1981 (Address) Ft. G	, M.C. USA. M.C. eorge G. Meade, Md
*State the 1 is ase Causing Death Violent Causes, atate (1) Means of 1 Accidental, Suicidal or Homicidal.	or, in deaths from njury and (2) Whether
	unknown eteyrsmosds.
Where was disease contracted, Odenton, if not at place of dea.h? Odenton,	Md.
Former or Odenton, Md.	••••••••••••••••••••••••••••••••••••••
Mount Olive Cemetery, Washington, D. C.	June 27, 19 31
2D UNDERTAKER	ADDRESS
Bernard C. Fink	Washington, D.C.



(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when necded. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g: ged in domestic service for wages, as Servant, Cook. Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the dutics of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tle first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). For persons who have no occupation to report specifically the occupations of persons enwhatever, write None. Foreman, For many occupations a Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material single word or term on Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Divilitheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature of the "(E.haustion," "Heart Laure," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-(secondary Chronic interstitial nephritis, Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need not be 'Congenital," "Senile," etc.), "Dropsy,"
> ," "Heart failure," "Haemorrhage," Chronic Example: Measles (disease etc. valvular heart discase; The contributory Meastes;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1

Exact

PL	CE	OF	D	EATH
County_	Anr	10	A	rundel

(16752

### STATE OF MARYLAND CERTIFICATE OF DEATH

210) m

Registration Dist. No. 27

PERSONAL AND STATISTICAL PARTICULARS  3 SEX	ccurred in or institu- NAME in- treet and
MARRIED. Single OR DIVORCED (Write the word)  March 5. 1913 (Month) (Day) (Year)  The CAUSE OF DEATH * was as follows:  Struck by automobile = accident.  Coccupation (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  Berthelace  Struck by automobile = accident.  Contributory  Contributory  Contributory  Contributory  Scondary  Scondary  Scondary  Scondary  Scondary  Scondary  Scondary  Month) (Day)  (Month) (Day)  (All HEREBY CERTIFY, That I attended the dece June 9  17 I HEREBY CERTIFY, That I attended the dece June 9  18 June 10  (Month) (Day)	
March 5, 1913  (Month) (Day) (Year)  7 AGE    If LESS than   day hrs.   18 yrs. 3 mos. 5 ds. or min.   2   2   3   3   3   3   4   4   4   4   4   4	
l day hrs.  18 yrs. 3 mos. 5 ds. or min.?  Coccupation (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  1 day hrs.  Struck by automobile= accident.  Struck by automobile= accident.  Struck by automobile= accident.  Contributory (Duration)  Yes. mos  Contributory Secondary  8 hour  8 hour	nsed from
(a) Trade, profession or particular kind of work Not employed  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  (Contributory Secondary  Secondary  8 hours  Contributory (1) Fracture of skull. (2)	5 A.m.
Cambridge, Md.  Ure, left leg.  Outsion)  We will be the leg of same of leath, or, in death violent Causes, state (1) Means of Injury and (2) and the leg of leath, or in death violent Causes, state (1) Means of Injury and (2) and the leg of leath, or in death violent Causes, state (1) Means of Injury and (2) and the leg of leath, or in death violent Causes, state (1) Means of Injury and (2) and the leg of	Fract rs ds. ds. ds. ds. ds. ds. ds. ds. ds. ds. ds. ds. ds.
OF MOTHER EVA MC Cready  13 BIRTHPLACE OF MOTHER (State or Country)  Maryland (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  STRUCK OF RESIDENCE (For Hospitals, Institution ients or Recent Residents)  At place of accidents in the State of death was disease contracted, occurred in not at place of death?  Where was disease contracted, occurred in not at place of death?  Former of Palting and Md	ne, Trans- al from
(Informant) Leven Wroten 420 North Payson St., (Address) Baltimore, Md.  (Address) Baltimore, Md.  Cambridge, Md.  June 12  O UNDERTAKER  H. H. BAILY, Col. M. William Cook  Baltimore  Baltimore  Baltimore, Md.  DATE OF E  USUAL PRIMER OF BURIAL OR REMOVAL  DATE OF E  USUAL PRIMER OF BURIAL OR REMOVAL  DATE OF E  USUAL PRIMER OF BURIAL OR REMOVAL  BALTIMORE  BALTIMORE  William Cook  Baltimore	, 19 31

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coul minc, etc. Wom-en at home, who are engaged in the duties of the Spinner, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from g ged in domestic service for wages, as Servant Cook, Housemand, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on be used only when necded. (b) Cotton mill; (a) Salesman, without more precise specification as Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, As examples: (a) 6 Grocery,

Statement of Cause of Death—Name, first, the DISJEANE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telapus) may be stated under the head of "contributory." (Recommendations on statement of cause of American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, approved by Committee on carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," stated unless important. inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condicough; 'Congenital,' "Senile,' etc.), "Dropsy, "
"Heart failure," "Haemorrhage, Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature of the Mcasles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.